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CLINICAL LECTURES.

THE ANATOMICAL BASIS OF EPILEPSY.

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[Reported by WILLIAM WHITFORD.]

GENTLEMEN: I desire to call your attention to the prognosis of epilepsy depending upon anatomical changes in the brain. Where epilepsy has existed for several years, it is almost necessarily hopeless. We sometimes find cases in which we detect an obvious traumatic cause—injury to the skull or brain—and we hope by the removal of that cause to remove the results. Where injuries are of comparatively recent occurrence, or where the epileptic state has existed for a short time only, we may hope to effect a cure by the removal of the traumatic lesion.

I have in my recollection three cases of epilepsy that were undoubtedly traumatic in character. First case was a lady who had been kicked in the malar protuberance by a horse, when about fifteen years of age. There was considerable depression. The kick had been received only a few months before epilepsy began to develop itself. The case came under my observation at St. Joseph's Hospital, and at the request of one of my old colleagues (Professor Gunn), and after consultation with the physician in attendance, I urged the operation of trephining. Both were unwilling—Dr. Gunn claiming that he had been disappointed so frequently in attaining good results. The operation was finally resorted to, however, with the result of relieving the lady and preventing a recurrence of the epileptic attack. This was a case in which neither irritation nor organic changes had taken place. There may have been exudations in the perivascular veins and pons.

The next case was a lady about eighteen or nineteen years of age, who, in the act of repairing a cistern, let a step ladder fall upon her, striking her upon the left side of the head, about three-quarters of an inch to the left of the sagittal suture. Epilepsy developed within three months, and persisted about twelve weeks, up to the time I saw the case. At our consultation the attending physician said that he had found a scalp wound, bleeding freely; he had closed it with sutures, and the patient did very well. I felt confident that there had been a fracture (but as far as palpation indicated, there was no perceptible depression). I again urged trephining, but the two surgeons were unwilling to perform the operation, and, although they afterwards consented, the physician in attendance insisted that there was no fracture. On making an incision and removing the periosteum, I found an exceedingly slight depression. It was, perhaps, of a diameter of three-quarters of an inch, saucer shaped. It presented the appearance as if the head of a hammer had been pressed slightly down upon the bone. In performing the operation one of the surgeons bored until he was tired, and wondered if he was ever going to get through *that* bone. He finally got through it after boring half of an inch. The plug removed on one side was a little more than an inch deep, and upon the other not much more than a quarter of an inch,

but across the upper face of the plug (after washing) there was a distinct bare line of fracture which resembled a hair. The fracture had been sufficient, however, combined with the violence inflicted, to produce inflammation, with a thickening of the bone and pressure, which had developed a counter-pressure upon the medulla and pons against the basilar plate of the occipital bone. The results of pressure were developed upon the convulsive centres of the brain; and we were very much gratified at the sudden arrest of the epileptic paroxysms. The patient did not return.

Another case which I examined, and of which I kept careful notes, was thirty-three years of age, who had epilepsy from boyhood. The exact number of years could not be ascertained. However, he had been a persistent epileptic; no history of traumatism could be learned by questioning the man himself or his relatives; and his physician, who had known and attended him for twenty-five years, knew nothing of any injury. In placing my hand over his head, I found behind the mastoid process a large hole into which my thumb slipped very easily. I urged trephining. We made an incision, and learned then, for the first time, that he had been kicked by a horse when about three years of age. A doctor had sewed up the wound, put pieces of plaster on it, and the boy apparently did well. In this case there had been a fragment of bone two and one-half inches long by three-quarters of an inch wide at its broader end, and one-quarter of an inch at its smaller end, which had been driven down edgewise into the brain, and had become adherent to the new bone. The periosteum had not been deposited, so that that fragment of bone followed down with its long edge projecting into the structure of the brain. About a pint of fluid was evacuated, and after four hours' boring we got through that piece of bone (patient being under the influence of chloroform all the time). Four days after the operation I saw the patient on a balcony watching a procession; but the epileptic attacks occurred as before, and continued. There was no intermission whatever. The fact is that the anatomical changes, which I have frequently mentioned, as a basis, had become thoroughly organized in the medulla and pons, and, of course, were permanent, although the original cause was removed. Whenever you have a case of epilepsy, and can trace it directly to some traumatic cause, it is good practice to remove the source of irritation; but be careful also about encouraging your patient as regards a favorable termination after the removal of such a cause.

MELANCHOLIA; MALIGNANT DISEASE OF THE LEFT LOBE OF THE LIVER.

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DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: This case is an illustration of the form of mental trouble of which you will doubtless see many cases in practice, and which will prove very troublesome both to you and to the patient. This woman, aged forty-three years, tells us that she is a married woman, the mother of three children. She is happily married, and has had no domestic trouble and no cause for mental worry or strain. There is, however, in her family a predisposition to nervous disturbance. At the age of thirty-five her father began to manifest spells of melancholia, coming on suddenly, lasting for a number of months, and then disappearing suddenly. These recurred every year. He died at the age of sixty-five in one of the spells. Two of her father's brothers committed suicide. Her mother was always a cheerful woman. Her parents had eighteen children, nine of whom are living, but she is the only one who has manifested any symptoms of mental disturbance. There is no history of mental trouble in former generations.

Twenty months ago she was suddenly seized with melancholia. This she attributes to change of residence. At that time her husband removed from the house that they had occupied for many years, to another one only a short distance away. She states that the first time she went up stairs in the company of two others, a strange feeling came over her, and if she believed in ghosts she would have thought that the house was haunted. Ever since she has lived in this house there has been this feeling of dislike. It is increasing. No one else experiences this feeling, and she states that her family are as kind to her as is possible. She is unable to sleep in this house, either day or

night. She has moved from one room to another and turned the bed in all directions, yet the result is the same. If, however, she simply goes across the field to the old house she sleeps without the slightest trouble. She states that she has lost all interest in everything, and that she feels that she is useless. She would not want to make away with herself, she says, but if it happened accidentally she would think that it would be very pleasant. She will not of her own accord leave the house, but if she is taken she will go, and it is necessary to take her away at times in order that she may sleep. In that house she is absorbed in herself and her miserable existence.

The appetite is good, the bowels regular, and the digestive organs appear to be normal. The urine is normal. There is no evidence of central disease. There is no headache, and the eye-ground is normal. She has wasted some in flesh, and lost some strength. The skin has been growing darker since she has been sick. She informs us that the menses are regular, but that the quantity is decreasing, which, in connection with her age, would indicate that she is in the menopause.

As you can judge from her answers the intellect is perfectly preserved. There is no disturbance or impairment of any of the special senses. It is quite common in melancholia, of which this is an example, to find that the patient has perfect preservation of intellect. The subject will be able to transact business and be perfectly rational on every question. We notice, in this case, that the melancholia presents the peculiarity of association with a definite spot. It is not very rare to find the depression of spirits connected with a locality. Sometimes it is a dread of a locality or topophobia, which is a word coined to express this condition. A person may be perfectly able to go anywhere with the exception of on a certain street. He has an unconquerable aversion to this street. Sometimes it is only one side of a street. It is often the case that where these persons cannot go, they can be taken without resistance. It is more unusual to have the manifestation of aversion to a dwelling, which is seen in this patient.

Another interesting fact is the insomnia which is connected with this house, and which is immediately relieved by leaving it. When she goes to another house, she states that she cannot get enough sleep. This is an unusual feature. Broken sleep is a common symptom of melancholia, and it may be one of its most troublesome manifestations, but it is somewhat peculiar to have such marked insomnia, and to have it so completely relieved by removal. I have, however, seen it in a less degree. Some cannot sleep in one room, while they sleep very well in the next room. Some cannot sleep with the bed in a certain position, but if it is moved the trouble disappears. It is unusual to find the whole spot tainted with this insomnia while all other localities are free from it.

In melancholia, it is the rule to have depression of the general health; appetite may be preserved, but assimilation suffers. The patient usually loses flesh and grows weak. Notwithstanding this the patient is often able to take a great deal of exercise, and indeed there may be, in some cases, constant restlessness, such patients being with difficulty kept quiet sufficiently long to rest them after fatiguing walks. The patient is, however, rarely able to do connected work. This woman has not exhibited this restless manifestation. She is perfectly content to remain in one spot, eyes lowered, perfectly idle, and absorbed with her miserable feelings, and going over and over the same unending chain of morbid notions.

This case also illustrates the hereditary nature of this affection. There is perhaps no other form of mental derangement which is more commonly the result of hereditary transmission than this. A tendency to melancholia runs in certain families, and for several successive generations, several members of each generation presenting this disposition. The disease is apt to make its appearance late in life, so that, although none of her brothers and sisters have yet showed this tendency, it is not impossible that some of them may yet exhibit it. In women, it is very likely to develop at the menopause, and it is at this time that constitutional tendencies in females are most apt to become prominent. This tendency to melancholia is perhaps especially apt to show itself at this time, because even in women who show no tendency to true melancholia, there is depression of spirits at this period. It is, therefore, not strange that in those who have a predisposition to the affection it should develop at this time.

In her father's case the tendency to recur, which this affection presents, was well seen. The deep gloom which has rested over the pa-

tient for months, rendering him utterably miserable, and prompting him to self-destruction, suddenly passes away in a few hours or in a few days, and the patient will be himself again with his normal, cheerful disposition. This is of frequent occurrence. In the case of the father of this patient, the tendency was to annual recurrence, continuing over a period of thirty years. It more commonly returns at irregular intervals. The successive attacks are worse and worse, until at last the condition deepens into permanent melancholia in which the patient dies, so that the later years of a patient with recurrent intermittent melancholia are apt to be marked by permanent depression.

In some cases there are special causes which operate to produce this trouble, such as family troubles, nervous shock, business worry, or exhausting discharges. It is, however, very rare to have the affection arise as it has in this woman.

In speaking of hereditary influences as predisposing to mental derangements, I would ask your careful attention in connection with the subject of melancholia to its relation to inherited gout or a disposition to lithæmia. In a certain number of cases there is a very close connection between the two, and the development of the morbid depression of the melancholia is distinctly associated with mal-assimilation of the food and torpidity of the stomach, liver, and kidneys, or in other words with that condition which we name lithæmia. Although this term is a vague one, it is applied to that group of nutritive disturbances usually met with in the subjects of internal gout, and is doubtless associated with impaired functional activity of the great digestive organs, so that the blood is more or less altered in composition. In such subjects various nervous manifestations take place. Neuralgic conditions are frequent. In epilepsy the attacks are frequently preceded by the development of a lithæmic state, and apparently there is a spontaneously generated poison which operates upon the nervous system and produces the explosion. In the same way, there is in many cases a close connection between melancholia and lithæmia. Cases of this kind are familiar in history. The connection between this type of mental trouble and lithæmia is well worth notice in considering its dietetic and therapeutic treatment

In other instances nothing of this kind is to be found. In this patient, the melancholia appears to be dependent upon some inherited peculiarity of the organization of the brain, which, under any disturbing cause, such as the menopause, nervous shock or strain, is likely to produce this distressing condition. [The patient was removed.]

The diagnosis is extremely easy. The prognosis is always guarded. It is in this type of mental trouble that suicide is most commonly committed, and you can readily understand that in a person possessed with such feelings as our patient, isolated from her family by her miserable feelings, unable to sleep, the thought would naturally suggest itself that she was in the way, and the temptation to put an end to her existence would be very natural. This element is always to be recollected in our prognosis, and it is always to be guarded against in our treatment. Further than that, these spells of melancholia continue an indefinite time, but the individual attack nearly always passes away, sometimes abruptly. Therefore the prognosis in a case lasting a long time should not be unfavorable as regards the particular attack. We may, however, fear that it will return.

We shall encourage this patient to fight against her morbid feelings. Undoubtedly change of scene, travel, and distraction of the mind constitute most potent remedies. This patient cannot sleep in her own house, and she should not be forced to remain there. If she went away this trouble might be benefited. I should advise you to use drugs with a good deal of care and only when there are well-marked indications. Occasionally you will be forced to use remedies, such as bromides, hyoscyamus, assafœtida, and valerian, to secure rest, but as a rule, the less you use of these sedative remedies, and the more you accomplish by a change of scene, change of diet, change of occupation, and moral influences the better.

Malignant Disease of Left Lobe of Liver.—This woman is 66 years of age, and has been a hard working woman. She has led a strictly correct life. For one year past she has noticed slight jaundice. As can be seen, the skin is somewhat colored, the conjunctivæ are slightly stained, and the urine is colored with bile pigment; during this time there have been no attacks of pain in the region of the liver. The jaundice has come on gradually, and we cannot suspect that it is due to gall-stones. The jaun-

dice has, as is usual, been accompanied with itching of the skin, constipation, and pale feces, although not absolutely clay-colored. With these, there has been impaired appetite, impaired intestinal digestion, from the absence of bile from the intestinal canal. These are the symptoms common to jaundice. There has been for some time slight pain in the pit of the stomach, and gradual, but very positive and progressive, loss of flesh. When she first presented herself, a hard tumor was found in the abdomen in the left side. This appears to be connected with the left lobe of the liver. It is slightly painful on pressure. It is the seat of the pain of which she complains. For the past two years she has had more or less pain across the back.

The jaundice which she presents is undoubtedly due to gradually increasing obstruction of the biliary ducts. The gradual and progressive development of the jaundice excludes all such causes as gall-stones and attacks of acute inflammation closing the duct by the swelling of the membrane, and by pressure and adhesion. Of the causes of gradual obstruction, the most common at this age is the gradual development of some neoplasm in connection with the liver, and pressing upon its duct.

The right lobe of the liver is not materially enlarged. Over the left lobe there is increased hardness, and the liver projects below the margin of the ribs at least two inches. This enlargement is irregular, and justifies the suspicion that there is a new growth forming in connection with the left lobe of the liver. The degree of jaundice is slight. The urine is moderately stained, but otherwise normal. These facts show that the obstruction is not complete. Some of the ducts are pressed upon, while others are patulous.

The diagnosis in this case is undoubtedly that there is a neoplasm forming in connection with the left lobe of the liver, in all probability of a sarcomatous or carcinomatous nature. The age of the patient, the progressive emaciation, and the local pain favor this view. The absence of any other satisfactory cause to explain the presence of the jaundice assists in the diagnosis. It is a well-known fact that the liver is one of the most frequent seats of the primary formation of these neoplasms. Considering all the facts in the case I do not think that the diagnosis can be open to doubt, that we have a slowly-forming growth in connection with the left lobe of the liver and pressing upon some of the ducts.

The symptoms are not urgent, the pain is not severe, and the digestive functions are fairly well performed. The treatment of this condition must of course be symptomatic and palliative. The only thing to be done here is to give attention to diet, and to administer such remedies as will assist in perfecting the digestive processes. For this patient, pepsin, with a little muriatic acid, would be suitable. For the constipation, a little prepared ox-gall with pepsin and nux vomica would be of service. It is often necessary to associate with these remedies hyoscyamus or belladonna as a sedative. In the present instance, the pain is not sufficiently severe to call for such remedies.

This case has already lasted over one year, the jaundice being a year's standing. The case is advancing very slowly. As regards the duration of the case, it is difficult to form any opinion, but I think it will continue for some considerable time. Although she has lost flesh and strength, she is not much reduced and is able to be about. The usual course of these cases is from six to eighteen months, but the freedom from pain, the comparative preservation of general health, the small size of the tumor, and its limitation to the left lobe, point to the fact that this case will be prolonged.

ORIGINAL COMMUNICATIONS.

*ON THE NECESSITY OF ORGANIZATION OF THE MEDICAL PROFESSION.**

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GENTLEMEN: I thank you for the courtesy of an invitation to be with you on this interesting and important occasion. It is an occasion which I hope and believe will mark a new era in the history of the medical profession of the grand old county of Williamson. It will be an era of departure and of progress, a falling into line, as it were,

*Delivered by invitation at Georgetown, Texas, on the occasion of the organization of the Williamson County Medical Society, January 13, 1886.

of the body of the profession of this enlightened community in that grand march of sanitary and medical progress which is now resounding throughout the length and breadth of this broad and beautiful land, and a preliminary to which is—as in all else of progress and reform—organization. I thank you for the honor you have conferred upon me by an invitation to address you on this occasion, and, while I feel and appreciate the courtesy as a recognition of my humble labors in this fruitful field, I am yet more sensible of my inability to enlighten—nay, I fear, to even interest you. Were my ability commensurate with my inclination, or were my eloquence equal to the interest, nay, the enthusiasm I feel in all that pertains to the welfare of our beloved profession, I would gladden your hearts with a speech to-day, such as would arouse in you, too, a desire to be "up and doing." This hall should resound with stirring words, such as were wont to fall from the lips of a Houston, and should echo an eloquence worthy of a Coke or a Terrell. But, alas! "unaccustomed as I am to public speaking," my tongue cleaves to the roof of my mouth and refuses its office, while swell, like billows on the mighty ocean, the deep thoughts within my bosom! But, I apprehend, my hearers are too generous, too sensible men to expect eloquence of an editor. To write, and not to speak, is his province; and, to the best of my humble ability, each month I endeavor to lay before you a translation of such thoughts as do "swell," as just remarked.

Gentlemen, I come not here to talk, though of my "inability to do justice to the subject;" I come not here to bandy compliments, nor to indulge in commonplace platitudes, neither do I come to tell of that "grandeur of medical science," "the dignity of the medical profession," nor to sing of the achievements of the genius of medicine or surgery, for that genius which God gave to man—that subtle essence of intellectuality by which man has, in all ages, by its exercise and development, in one way and another, reached a sublimity almost divine, asserts itself as powerfully, as unmistakably in the life-work of a Sims, a Gross, or a Flint, as ever it did in that of a Franklin, a Watt, or an Eads. It shines as resplendently in the writings and in the work of a Pepper, a Carpenter, or a Gaillard, as in the brilliant and bloody records of a Lee, a McClellan, or a Stonewall Jackson.

Not alone in the still chamber of death, where, with hushed voice and stifled tread, the physician battles successfully with the "fell destroyer;" not alone in the plague "beleagured city," where "pestilence walketh in darkness," where the death-angel flaps his wing, and the devoted doctor cheerfully lays down his life in the unequal struggle, does genius illuminate and make glorious the life and character of the devotees of this divine science, but in the crash of battle, in the shock of contending hosts, where gallantly rides the proud crest of a Hood, a Wane, a Terry, or a DeBray, leading the victorious and impetuous Texans—there, too, is seen the sash of a Cupples, a Beall, or a Wooten.

I come not here to sing of the "grand achievements of medicine," nor to recount how, step by step, it has advanced from an humble calling, with its few devoted followers, to that proud eminence it to-day occupies, as a grand, a sublime science, resplendent among the kindred sciences of the world. Nor to recall the struggles of surgery, through its Parés, its Nélatons, its Grosses, and its Hamiltons, upward and ever onward from the dark domain of ignorance, to which a blind and superstitious priesthood had relegated it, on the absurd dogma that "the church abhors bloodshed"—the church, which a little while later made the streets of Paris run red, knee-deep, with the blood of the "reformers." It is a fact in history well-known to you all, that Pope Gregory XI. forbade the practice of surgery on the part of any of the priesthood, in whose hands at that period was all the learning, on the pretext that it was "sinful to shed blood." For years all the surgery was done by the barbers, who were called "leeches," as indicative of their trade, and, in addition to shaving and shampooing, they cupped, bled, and leeched; and to-day the striped pole which adorns the shop of the humblest "tonsorial artist" is a symbol of surgery's disgrace. It is equally well-known to you that the immortal Paré, who revived the practice of surgery, and made that kind of bloodshed, at least, respectable, was saved at bloody Bartholomew by especial protection of the weak and cruel Catharine, and the weaker—the Dauphin—Charles IX.

But I do come here to talk of organization; that great element of success in science as in war, and without which great things are impossible. Behold the vast chain of railroads

and system of railroads which encircle the globe with an iron band! The mighty commerce of the world, with its fleets of steel steamships begemming every water! With what precision and success are they operated. It is only by a combination of means and minds, and thus the domination of mind over matter, that such is possible. The grandest works of all ages, and in all lands, the beautiful charities which ennoble the order of Freemasons and kindred organizations, are the result and outcome of combination and system, the handmaids of organization. And the greatest and most renowned military exploits that have ever startled the world, the gigantic engineering feats which have spanned an ocean and tunnelled a mountain, would have been disastrous failures, but for system, discipline, and combination, which wait alone on organization. A mob, a howling mass of humanity, however numerous, is powerless to cope with a squad of disciplined troops till touched by the genius of organization, when lo! great armies arise, at whose measured tread the very earth quakes and trembles.

Even so, it is the magic of organization that gives life and energy to scientific progress.

If in those days, when man was in his infancy, and science yet in its swaddling clothes, it was found necessary to organize to accomplish any desired end; if, thousands of years ago, for want of organization that most daring deed of man was doomed to failure and "a confusion of tongues" told the tale of Babel; if, thousands of years ago it was possible only by organization to build the great temple to Jehovah, an organization which endures till to day, and which, with hands clasped around the globe, is yet intact, and ten thousand times more perfect, more powerful for the advancement of science and the promotion of all the virtues, how much more necessary is it to-day, when men and methods, means and necessities have multiplied many millions of times?

On "general principles," therefore, I assert, organization is a prime necessity with mankind in every relation of life.

I have often wondered why, in a learned profession, numbering many thousands, alike in all parts of the world, a brotherhood having common interests, common sympathies, and a common mission, a life-work of philanthropy of tangible reality, should never have organized on such plan as did those who, to-day, while ostensibly building a mythical temple, are, in reality, erecting one to fame—for good, charity, and benevolence—to endure when the rock-ribbed shores of the Atlantic and Gibraltar's granite greatness shall have crumbled into the sea!

We have seen, in the harmonious working of societies, medical and others, the accomplishment of much good. Not alone for the promotion of science do we meet, but each assembling of our little society—a chosen brotherhood, into whose charmed circle only the worthy can come, estimated by that ideal standard understood and recognized by physicians, but hard to define—enables us to renew that fraternity of feeling and intellect which ennobles and beautifies the life of the physician. We meet, like harvesters, to garner up somewhat of the fruit we may have reaped amid the toils, the successes, the failures of a physician's daily life. They are regular recurring periods, devoted to retrospection and anticipation, and are a necessity in our nature—periods when, pausing, we may look back upon the shadowy fragments of the past, gathered into solemn forms of warning, or of encouragement; or look to the future, bright, but unformed, and take counsel with ourselves how best we may shape it that coming generations may know that we, too, have lived and struggled; that "some forlorn and shipwrecked brother" may recognize our "footprints on the sands of time," and, "seeing, take heart again."

The profession of medicine, the legitimate practitioners of rational medicine, should organize in every nook and corner of this great State, and cease not the good work till every worthy practitioner is enrolled upon the records of a grand State Association, which, in turn, should form an integer of a grand or national organization; like tiny tributaries, each pouring its wealth into a common stream of majority and might. In that way, every village community, every individual practitioner will be brought into accord with, and subject to, the restraints and the benefits of the central or general society, the meetings of which are full of pleasure and profit. Such meetings have been aptly compared to mile-stones along the pathway of life to show us how far we have travelled. It is ennobling to reflect that you are a part of that grand whole, so potent for good. The influence of association is magnetic. You return from a convention of your State Associa-

tion conscious of having done some good; of having, at least, contributed your mite to the mass of medical knowledge which will go on record as landmarks for the guidance and encouragement of coming generations, with your interest in your professional work aroused, perhaps, to an enthusiasm to which fatigue and failure and disappointment have long made you a stranger, and you renew your vows to excel, and anew consecrate yourself and whatever of talent God has given you, with your best and noblest endeavors, to the cause of humanity. Who has not, returning from some such meeting, where the paralyzing routine of thought and feeling has been broken, earnestness engendered, and a fresh impulse given to action, forgotten, for the time, the tedious night vigils; the death-bed scenes, where science has stood, with drooping pinions, powerless before the grim destroyer; the long, dark, dangerous night-rides; the pitiless storm, and the colder charity of a thankless clientèle?

It would be tedious to enumerate the reasons why the medical profession should be thoroughly organized. Every other class of people on the face of the globe, in every civilized country, are organized for mutual protection, interest, assistance or defence, or for the purpose of advancing some cause or calling.

In addition to the few reasons which have been thus faintly suggested, might be mentioned that for mutual defence and assistance. The medical profession seem to have few rights which any feel obliged to respect. It does seem to me that one right that educated medical men have, or should have, is the right to be protected from bastard competition. You who have invested your means, time, labor, and the prime of your youth to acquiring knowledge which shall fit you for the exercise of your high and responsible calling, are compelled daily to encounter the competition, in the struggle for bread and butter, of those who have invested neither money, time, nor labor in the pursuit of medical or other knowledge. But the hope of relief is Utopian at present.

Another right which is trampled under foot is the right to demand and receive your fee for an opinion on the witness stand. You are summoned as a medical witness, and put on the stand. You are asked to tell, not what you know, but what you think. Your opinion is thus extorted from you under penalty for refusal. You are in no sense a witness; a witness testifies to facts—what he knows. If an ordinary witness dares to say "I think," "I believe," "It is my opinion," he is hushed up, and told his opinion is not wanted; that he is put there to tell what he knows. But you, gentlemen, are made to give an opinion in a matter of no moment to you, but of much to another; you are subject to the galling cross-examination of insolent, upstart attorneys; subject to be taken from your office, your practice, your family; detained, perhaps, in attendance on court for days, and being called a "witness," you are paid, if anything, a dollar and a half a day. I say it is an outrage, and should not be submitted to. Yet every effort to secure a law to meet the requirement has failed for want of unanimity of thought and action on our part; because the demand has not been made as the sentiment of an organized profession.

There is still another, and a most urgent reason why we should organize at once and completely—and as pronounced as are those hinted at, that of which I shall now speak is of more vital importance, perhaps, than any—to procure needed legislation in the interest of the public health.

That physicians, individually and collectively, true, conscientious, self-sacrificing physicians, are not appreciated, alas, we all know too well. It is only a physician himself can appreciate what a physician is, and should be, and what his life is. He can look back upon his profession ever advancing with the circling centuries; can contemplate with pride its record, emblazoned with the genius that in every age has added to its treasures; can behold it, great in great names, grand in grand achievements, and can appreciate the surpassing beauty of its principles of charity and beneficence. He can realize, as none others can, that there is no calling or profession, no business in life, save that alone which deals with man's eternal and immortal interests, embodies in its nature and workings so much that is good, so much that is useful, so much that is honorable, as the science and practice of medicine. And though no laurels be entwined in the presence of applauding multitudes, yet to its devotees belong a fame far more enduring. "By the lone couch of suffering, in the still hour of night, when the world's great eye sees not, and its ear is shut, there, with the tears, the sorrows, the gratitude of helpless

ones, the faithful physician's crown is begemmed and sanctified." The world knows not these things, and for shame be it said, when we come, earnestly and conscientiously, actuated by the purest motives, in the interest of a suffering and outraged humanity, and ask that the State interpose its strong arm, and save its people from the ignorant pretender and the mercenary fraud, lo! we are accused of "interested motives," and of wanting "protection for ourselves." Mounts the hot blood of indignation to crimson the cheek of every physician at the intimation of such an insult!

It is not very creditable to the medical profession of Texas that, as numerous as are its members as a class, though composed of men of more than ordinary intelligence, and of better education, they have so little influence. This is partly due to the fact, as just stated, that the laity have no conception of the labors, the sacrifices, the charities, the beneficences of a physician's life, nor of the great responsibility he assumes in dealing with life and death. Neither do they wot of the danger of a daring and ignorant pretender; but, in my judgment, it is more due to the want of concert of action and thought on our part—the want of organization.

Texas was a long while a border State and a frontier people, a place of refuge for all kinds of malefactors, and was characterized rather by a want, than by a wealth of civilization. It is not a matter of surprise, therefore, that the medical profession to-day is, from the force of circumstances and association, of a very heterogeneous nature. In addition to our own supply of ignoramuses and irregulars, we have within our borders the refuse of neighboring States, who, driven out by the enforcement of stringent laws on the subject of medical practice, have sought refuge on these hospitable shores—in this land of gigantic liberty and "do-as-you-please." Here we have the homœopath in all the luxuriance of his hot-house growth, loaded with mustard-seed shot for all game; see him swell with a "how-we-apples-do-swim" air—the prince of charlatans!—with his smooth tongue, devious ways, and infinitessimal nothings, aping the physician! Here, too, is the hydropath, the all-paths, and the no-paths, and the any-and-every-pathy-that-mit-pay, is here. The physio-medical fraud blossoms out serenely, and pretends that *he* is a physician. Then, there is the Simon-pure "quack" who knows he's a a quack, don't pretend to deny it, and does not pretend to be anything else but a quack. He is perhaps the most respected, or rather the less contemptible, of any of them, for these first named add hypocrisy to their other sins; and last, but not least, we are blessed with that rare bird the so-called "faith doctor;" but where the "faith" comes in we can't see, as he professes to rub disease down, down, beginning at the top, till he gets it all finally concentrated in the toe, then he "cunjures" it out, we suppose, or amputates the toe, at any rate he dupes his dozens a day for a dollar each, and drives a thriving business in the "rubbing" or "rubber trade." But, gentlemen, the worst of all is the abortionist, that vilest, most execrated of all God's creatures (if God did make him), he who sets a price on the life of an unborn babe, and takes pay for destroying it! He flourishes elsewhere than in the slums; he is heard of "up-town," sometimes. And yet, gentlemen, we see and know these things as no one else does, and fail to bring them to the bar of justice, for fear of having our motives impugned as they surely would be! Aye, by our tolerance of this state of things, the people look upon us all alike—regarding these as our competitors—and, indeed, by our inaction, we give consent to be so considered. We see them pocketing money for what we would not touch with a pair of tongs, and, by and by, with plenty of money they do attain a kind of respectability; do become, indeed, formidable competitors in the struggle for existence, and the *un*-"fittest survive."

Would we be considered one of these fellows? God forbid! Then, our only remedy and recourse is behind the bulwarks of organization; to come out and declare to the world that we are physicians, practitioners of the science of rational medicine, and versed in its grand truths; that we have, within our own hearts, taken the Hippocratic oath, and have laid upon the altars of medicine the free-will offering of our life's services, and whatever of talent we possess, devoted heart and soul to the accomplishment of good and the relief of suffering.

Let all who feel that they wear not unworthily the mantle of the brotherhood speak and declare themselves, that by a perfect organization of the profession all over the State into

societies the people of Texas may know who are and who are not physicians: and when that glorious day shall dawn, which so surely as to-morrow's sun will rise, it will come, when the profession of Texas, organized in every remote section of this favored land, shall send up the flower of its intellect as delegates to a grand State association; then, and not until then, will we ever be able to secure the co-operation of the people in the passage of a law for their own protection, for no matter how urgent may be the necessity for such law—or a law for the suppression or abatement of some sanitary evil—so long as we are without organization so long will we meet with refusal and disappointment in our appeals to the Legislature.

Contrast our great State, great in all save sanitary and medical progress, with some of our sister States, and let us see how far behind Texas is in such matters. Already Illinois, Tennessee, and some other States are famous for the quantity and quality of the sanitary work so far accomplished. The law regulating the practice in Illinois has had the effect of causing many colleges to raise their standard of education in addition to purifying the State of incompetents. Thus by the activity of neighboring States, and by our failure, we suffer doubly—we have their share of the chaff. In those States failure attended their first efforts, and these laws, now so salutary to their people, were only procured after and directly in consequence of organization. In those States the profession is a unit, and when they speak the Legislature heeds, for it is no longer the voice of one man, or of one part of the profession, but that of a powerful, organized body of intelligent, thinking men, and it is the magic of organization that gives them the dignity to command the respectful ear of the assembled Commonwealth. True, Texas has a State Association, but as good as has been its work, as commendable as have been its efforts at medical legislation, it at present numbers less than ten per cent. of the members of the profession of the State, and I speak by the book when I say that the effort of last year was killed by our men and friends, and it was only by reason of the fact that those who opposed the particular bill which was presented were not members, were not in accord with the association, for the sequel proved that these gentlemen, who were reported as opposing medical legislation, were, in reality, petitioning for the passage of a bill far more thorough and sweeping in its scope than the committee believed it expedient to ask for in any hope of securing its passage. I repeat, organization is not only advisable in order to collate and make available as statistics the abundance of valuable experience and observation of the many qualified practitioners of Texas, but it is absolutely necessary, if we ever hope or expect to place our State in the foremost ranks of sanitary medical matters; if we ever hope or expect the medical profession to obtain recognition as an integer of the State government, or to have a voice in the enactment of sanitary or any other laws for the protection of the health and lives of the people; for, although, as stated, physicians are everywhere respected, are, as a rule, better educated, and socially stand higher than the average citizen—a certain amount of deference being everywhere shown to our calling, which ranks next that of the man of God—I tell you, for lack of concert of action, for want of a "pull-all-together," they are as powerless to influence legislation for the public weal as is the humblest, untutored son of the soil. Our recent experience proves this, and hence I am glad to be with you to-day in this initiatory work. I am proud to know that the good county of Williamson has caught the slogan note of reform, and has so gallantly wheeled into line. Thorough organization can be accomplished only by such beginning. Organize your society if you only enroll half a dozen good men. Meet regularly, and endeavor to make your meetings interesting, adopt a constitution and by-laws, and live squarely up to them. Diffusiveness is a potent factor of disorganization, a disposition to prolixity of detail to wander from the subject or point under discussion. Do not allow any discussion out of time and place. Observe strict parliamentary rules, and do all things by rule and time. Appoint an essayist at each meeting, whose duty it shall be at the next to read an essay or report on some topic connected with the science and practice of medicine. Give notice to the members what the subject will be, so that if any member feels incompetent to participate in an extemporaneous discussion of that subject he may read up. In that way you will find habits of observation, and study will be established, and a spirit of emulation will be engendered. Limit each participant in a debate to so many minutes. By the observance of these things you will find

your meetings will increase in interest as the society grows in numbers and in years; they will be a source of profit, too, to your younger members, and, by the by, none of us are so wise that we may not learn something from our neighbors. Invite the older and more experienced to report cases, exhibit and describe pathological specimens. In April the State Association meets at Dallas. Each county society is entitled to one delegate for every five members or fraction of five. Be prepared when the time comes to elect yours, and I advise you to send your best men if possible. Should you at any time have before the society any subject or paper which you think would benefit or interest your brethren—and many are cut off from such intercourse as you will enjoy—send a copy to the Journal for publication, and let me assure you you will ever find in its editor a cordial sympathizer who will watch your career with a friendly eye.

In conclusion, you have cause to be proud of your county. Foremost in the glorious cause of education, her university sheds lustre upon you and upon your people, as well as credit upon the State of Texes. Rich in agricultural industries and resources, she stands conspicuous in the annals of the State. Does she not expect something of her "wise men"? Strive, then, I beseech you, that the cause of medicine—the bride of your mature manhood—to whom you have not only consecrated your vows, but have wedded your lives, shall advance, *pari passu*, in the march of civilization, and keep step to the music side by side with her other institutions, and, as "tall oaks from little acorns grow," may the genial sun of prosperity, now peeping over the horizon with the dawn of the new-born year, warm into vigorous life this "germ" of organized medicine, and stimulate its growth and development till it shall become, what I predict it will be, if you will but cherish the precepts I have endeavored to inculcate, the "Banner Medical Society" of "The Empire of Texas."

ANOTHER SPECIALTY.—An ambitious and enterprising Philadelphian has joined the noble army of specialists, and announces that his specialty will be hydrophobia. But, as this department of medicine is still in embryo, and as he is not quite ready to dispense altogether with the general practitioner, he announces that "the rules of professional etiquette will be strictly observed."

THE USE OF SUTURES IN PERFORATING WOUNDS OF THE SCLEROTIC.

BY M. LANDESBERG, A.M., M.D.

PERFORATING wounds of the sclerotic have always been considered, and justly so, as among the most serious injuries which may befall the human eye, mostly on account of the frequent occurrence of prolapse of the ciliary body and the vitreous, which so often lead to cyclitis and hyalitis, with all its fatal consequences. The prognosis in such cases is always unfavorable in regard to the injured eye, and doubtful in regard to the safety of its fellow; in the latter instance on account of the impending danger of the sympathetic ophthalmia. In view of these facts, competent oculists, especially of the English school, do not hesitate to advise instant excision of the injured eyeball, in which the wound passes through the ciliary region, their only aim being, in this sad state of affairs, to secure the other eye from mischief.

The usual treatment in perforating wounds of the sclerotic has always been a protracted and tedious one, taxing severely the patience of both the patient and the physician. Confinement to bed, antiphlogistic measures, and compressive bandages have been regarded of supreme necessity, from which any deviation would seem to bring its own punishment. The application of sutures in wounds of the sclerotic is a more recent venture in ophthalmic surgery, and it has generally been resorted to only in instances of clean and slightly-gaping wounds of the membrane. Lacerated, ragged wounds of the sclerotic, complicated with protrusion of iris or vitreous, especially if situated near the region of the ciliary body, are still considered, on the whole, as a *noli me tangere*, as any surgical interference may only produce greater trouble. I was induced, as far back as 1871, from sheer despair, to apply sutures in a case of lacerated wound of the sclerotic, with prolapse of vitreous, in which the patient had flatly refused regular treatment. This was the case of a man, who came to me a few hours after he had received injury to his left eye—the only one he had. Outwards from the insertion of the external rectus, there was an irregular, gaping wound of the sclerotic, with jagged edges, running from below upwards. Vitreous protruded, keeping apart the edges of

the wound. Eyeball was soft; perception of light only dim. On the second day after admission to the hospital, the patient would not submit to any further application of the compressive bandage, and demanded his discharge on account of business obligations. In this emergency I proceeded as follows: I detached widely on both sides of the wound the conjunctiva, drew one flap of the latter over the gaping wound of the sclerotic, so as to cover both the wound and the prolapsed vitreous, and united it by sutures to the other flap of the conjunctiva. I did not dare to place a suture in the sclerotic itself, for fear of the considerable traction which would have taken place by the closure of the broad wound with its ragged edges. Recovery was rapid and complete, notwithstanding the patient had reassumed at once his trade of peddling, exposing himself to all injuries connected with the latter.

In the last nine years I had occasion to use sutures in eleven instances of perforating wounds of the sclerotic. The wound was not complicated in seven instances, and involved prolapse of iris, of ciliary body, and vitreous in the others. Of the former, the injury was caused by a penknife in three cases (in one case outside from the insertion of the inferior rectus, and in two cases of the inner corneal margin); in two, by a piece of broken glass (along the insertion of the external rectus); in one by a shoemaker's awl, and in another by a pointed, dagger-like hair-pin. In the last two instances, the wound extended from the inner lower quadrant of the sclerotic to and beyond the lower border of the cornea. The edges of the wound were ragged in three cases.

In the four uncomplicated cases, perfect recovery was obtained by the application of catgut sutures through the superficial layers of the sclerotic and through the conjunctiva, in combination with an antiseption monoculus, although patients were allowed to follow their out-door occupations. In three instances of lacerated wounds, treatment consisted in confining the patients to bed, in applying catgut sutures through the conjunctiva, and in closing the eyes by a compressive bandage. Two made a good and permanent recovery. In the patient, however, who received injury by the dagger-like hair-pin, irido-cyclitis developed six weeks after he had been discharged, leading ultimately to serious impairment of vision.

The history of the four complicated cases was briefly as follows:—

Case I.—A boy, 12 years of age, came under my notice about eighteen hours after he had been struck upon his left eye by a splinter of wood. The eyeball was soft and congested; the conjunctiva œdematous, the pupil contracted; the anterior chamber contained a small hemorrhage. The sclerotic showed a lacerated wound of about 5‴ in length, which ran in an oblique and tortuous direction from the lower outer sector to the corneal border; ciliary body and vitreous protruded between the ragged edges of the wound. Vision was reduced to quantitative perception of light. On applying atropia the pupil dilated but slightly. Background of the eye could not be seen. I cut off the protruded part of the ciliary body, which was followed by a loss of a few drops of vitreous, and closed the wound by catgut sutures, laid through the conjunctiva only. No reaction followed, and there was a speedy recovery. At discharge from treatment vision was $\frac{15}{40}$. Vitreous contained fine, filiform opacities, and retina was engorged. In the further course, vitreous cleared up entirely, and vision increased spontaneously to $\frac{15}{20}$. This condition remained unchanged during a further observation of five years.

Case II.—A laborer, 23 years of age, was stabbed in his right eye with a pointed knife. About ten hours later I ascertained, at the inner, lower quadrant of the sclerotic, a lacerated wound, involving the cornea up to the pupillary region. Iris protruded from the corneal wound, and vitreous from that of the sclerotic. Lens was opaque; eyeball soft; quantitative perception of light very doubtful. There was a gash on the inner side of the nose, and a penetrating wound of the lower lid.

Patient had been advised in two eye dispensaries to have the eye removed at once.

During my attempt to cut off the prolapse of iris, the lens substance freely escaped through the corneal wound, and the prolapse of vitreous increased. The latter was also cut off close to the sclerotic wound, and the latter united by two catgut sutures, leaving alone only the middle part of the wound, where the loss of substance was the largest. Then I loosened the conjunctiva on either side of the wound, drew the flaps over the latter, and united them by catgut sutures. No sutures were applied to the cornea. Under atropia and compressive

bandage, the eye made a good recovery. The secondary cataract, which remained after absorption of the lens had taken place, was subsequently operated upon by dissections with the effect to bring vision to $\frac{10}{70}$. The result remained stationary.

CASE III.—A ten-year old girl received an injury to her left eye while playing with a penknife. When called, two hours after the accident, I found a longitudinal, gaping wound of the sclerotic, running from the insertion of the inferior rectus to and beyond the corneal border, with prolapse of iris. Irritative symptoms were but slight. Vision, as far as could be ascertained, was fair. I cut off the small protruding piece of iris, united the scleral wound by catgut sutures, without making the least traction, and covered the wound by conjunctival flaps. Under atropia and compressive bandage, my patient made a speedy recovery, with reëstablishment of full sight. Background of the eye was normal. This favorable condition kept on for about eight months, when cyclitis developed, which ultimately led to total blindness.

CASE IV.—A 39-year old laborer came under my notice seven hours after he had suffered injury to his right eye, with the following condition: Penetrating wound of the lower lid in its inner third; lacerated wound of the sclerotic, running in an oblique direction from the caruncle to the lower margin of the cornea, with prolapse of iris and ciliary body; eyeball soft; conjunctiva chemotic; anterior chamber full of blood; only quantitative perception of light. I cut off the prolapse, and brought together the edges of the sclerotical wound by catgut sutures. The wound of the lower lid was stitched up with silk and silver-wire sutures, and a monoculus applied to the eyeball. The after-treatment was out-door and irregular. The patient returned to his work the same day of the injury, and presented himself at irregular intervals only. But no reaction whatever took place, and the wounds closed very rapidly. The lens remained transparent until the second week, when opacity developed, which rapidly led to cataract. Quantitative perception of light and projection remained intact. There was no change in the condition during a further observation of two years.

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ON THE TREATMENT OF HABITUAL CONSTIPATION.

BY ALFRED S. GUBB, L.R.C.P., M.R.C.S.,
Resident Medical Officer, French Hospital, London.

THE treatment of habitual constipation is one of the most ordinary, and, at the same time, one of the most important and puzzling problems in clinical practice. It is the common fault of the greater proportion of the numerous remedies in the therapeutic arsenal, employed with this object that they either produce too rapid, too violent, or too drastic an effect; that they are either weakening in their after-result, or that they will not produce their characteristic effects through any lengthened period of time. One of the first and commonest impediments to the use of drugs in the treatment of habitual constipation, is that the use of aperients in such cases, even when effectively employed in the first instance is apt to produce a reactive effect in the opposite direction, and it is the commonest difficulty in the treatment of cases of the kind, that either medicines so potent need to be used as to cause injury by weakening the patient, or by depressing him so that, however successful the treatment may be in the beginning, it ceases to be effectual after a short time has elapsed, and often ends in producing results which are to be deprecated as more injurious than the conditions which the treatment was intended to remove. To overcome this difficulty many artful and ingenious combinations have been made. The number of aperient pills, the complicated products of the ingenuity of experienced practitioners, is endless, and there are very few physicians far advanced in life, who have not at their fingers' ends a series of complicated formulæ, in which remedies of the most diverse and often of the most opposite character, are harnessed to the pharmacological car, and made to pull in so many different directions that it is difficult to say to which element in the mixture the good or bad effect is to be attributed. The very number and complication of these specifics, and the varying and excessive popularity of the more heterogeneous compounds of empirical remedies, indicates at once the complexity of the problem, and the difficulty of its solution.

It is not surprising under these circumstances that of late years practitioners have looked more and more to those medicinal waters which nature

has supplied from her own laboratory, and in which simple purgative elements are found, of which the physiological working can easily be investigated, and to which clinical experience can resort without fear of being blinded by the complexity of the elements. Those which have attained the greatest vogue are the waters which are especially characterized by a very large percentage of sulphate of magnesia, and sulphate of soda, which are familiarly known throughout Germany as "bitter waters;" the best known being Pullna water, Hunyadi Janos, and Friederichshall.

There are also some Hungarian waters more or less extensively used, most of which belong to the same type, such as the Æsculap and the Victoria (Offner). All these waters owe their undoubted efficacy more especially to their richness in the aperient sulphates, and it appears from the results of clinical experience to be in excess of that which can be obtained by artificial compounds presumably of similar composition, to all of which, indeed, the objection stated above applies, viz., that their physiological and therapeutical activity becomes impaired by continuing use.

Recent researches, and especially those of Professor Matthew Hay, of Professor von Mering, of Strasburg, and others, have shown that this defect in the natural solutions of the aperient sulphates is largely corrected when they are combined with the chlorides. The chlorides have been shown to be extremely effectual, not only in aiding diffusion changes, but also in stimulating intestinal action. These observations have caused renewed attention to be given to the clinical observations of the earlier physicians of this country and on the Continent, in the use of that which is, perhaps, the oldest and best known of the aperient mineral waters, viz., Friederichshall water. Von Mosler ascertained by careful clinical observation and physiological experiment with Friederichshall water, that it not only has valuable and considerable laxative powers, but that it does not affect or disturb the general health, and that it increases the appetite. He found also that small doses do not diminish the weight of the body even when continually used, and that it has a remarkable effect in causing an increased secretion of urea. To the ordinary aperient effect of the sulphates, it adds a considerable power of promoting tissue change, and Sir Henry Thompson has confirmed the conclusions of other clinical observers that this water, which has been too little regarded in this country, has the especially valuable characteristic that, instead of its being necessary to administer it in increasing doses as the patient becomes accustomed to its imbibition, the dose may, within certain limits, be progressively diminished, and when left off it does not entail any tendency to constipation. With these facts before me, I have lately employed Friederichshall water in practice, and have used it somewhat extensively at the French Hospital, with results which seem to me so encouraging that I desire briefly to place on record some of the observations which I have made.

In one series of cases I employed it simply as a corrective of habitual constipation. I administered it in doses of from half a tumbler upwards, taken early in the morning, and combined with an equal proportion of hot water, this being the most effectual method of administering the water for this purpose. I used it largely for persons of both sexes, and it seemed to be especially advantageous as a mild laxative, exceedingly well fitted for all ordinary cases, and this more particularly for persons of delicate constitution, for women, and for all other persons in whom the object is to produce an aperient effect, which should not be too drastic, nor productive of constitutional disturbance. It is often a great object to be able to produce a distinct laxative impression without disturbing the digestion or interfering with the ordinary daily occupation of patients engaged in business pursuits, and by no other means have I succeeded so well as with this particular water.

THE USE OF THE HYPODERMIC SYRINGE IN TYPHOID FEVER.

BY A. MARCY, M.D.

I DESIRE to briefly call the attention of the profession to the use of this much-abused instrument in the treatment of typhoid fever. I say much-abused, because I have heard of those who refuse to use it for the relief of pain, because of a tendency in certain chronic cases for the patient to take the matter into his or her hands, and thus endanger their health and form a dangerous habit. Certain instrument makers in Philadelphia have remarked to me the frequency of its use by ladies suffering with neuralgia, whose sensitive nerves made

them frequently send needles to them to be sharpened, to lessen the pain of puncture, and thus betraying a habit which all right-minded physicians would strive to prevent. This only shows how easy it is for doctors to allow one of the most important means of relief to become an instrument of evil, by not keeping it under their own control.

With this introduction, I proceed to a fuller delineation of the subject in hand. Years ago I became impressed with the great advantage to be derived from this method of medication in all forms of collapse, or approaching collapse, having been impelled to use it in the cholera epidemic in 1866, when the depressing effect of the blood poison, whatever it may be, induced this condition without any corresponding frequency in the number of discharges from the bowels or severe pains to make it. Indeed, as observed by myself, the depression came so suddenly and so completely, that in most instances the terrific cramps and numerous dejections of earlier epidemics, were frequently wanting. I suppose phenomena so universally observed by myself must have been common to those engaged in active practice at that time, and I can recall instances during that epidemic in which the hypodermic method of treatment not only brought relief to intense suffering, but tided the patient over the point of fatal collapse, and resulted in recovery. The experience of that period in the use of such drugs as morphia, strychnia, atropia, and chloral, induced me to look upon this method as one of the greatest importance in all cases where through sudden and violent depression of the nervous system, whether by blood poison, exhaustion, or shock of a traumatic origin, stomachic absorption had been impaired, in common with all the other vital functions.

Now, every one knows who has had any experience in typhoid fever, that at some period of the disease, either through the various complications that may arise in the course of the disease, or perhaps by the exhausting effects of long-continued high temperatures, say from the fourteenth to the eighteenth day, there is apt to be more or less disposition to collapse of the nervous and circulatory systems. I know of no way in which this can be met more readily and successfully than by the administration hypodermatically of strychnia alone or in combination with digitalis.

Even earlier in the disease, when subsultus and other evidences of prostration make one feel the necessity of using arterial and nervous stimulants by the mouth, I have often found great advantage from the use of the same remedies hypodermically twice in the twenty-four hours, in doses which would seem almost hazardous. I have frequently given from the sixteenth to the twentieth of a grain of strychnia night and morning in this way, while giving the same drug in other combinations by the mouth in the usual doses, and with the usual frequency. When the heart's action is uncommonly feeble, ten to fifteen minims of the tincture of digitalis should be given in addition every night and morning.

The advantages of the hypodermic method of medication in these cases is, first, to produce a sudden impression of an arousing character upon the nervous system, and through it upon the circulation. Second, to allow the digestive organs to proceed undisturbed with the functions of digestion and assimilation.

It is not my purpose to speak in this paper of the wonderful results seen in actual collapse, whether of traumatic or other origin, as my design has been to bear testimony to the therapeutic value of this method of medication in typhoid fever. But I will only add that the same general principles of treatment have given me the greatest satisfaction in many, many instances of that kind. It will not be amiss to state here that there is no necessity to be too timid in regard to dose. From the sixteenth to the thirty-second of a grain of strychnia can be given twice daily, at intervals of ten to twelve hours, according to the severity of symptoms, and temperament and age of the patient; and while remembering the usefulness of the hypodermic method of administration, not by any means to lose sight of the usual and general plan of treatment as each case may require.

The writer feels confident that he has seen life saved many times when death appeared almost inevitable, by assisting the general plan of treatment in this way.

THE City of Paris has lately appointed a lady as medical examiner of girls throughout the local schools. It will be her business to see that the girls are not overworked, and that they get through their studies under sanitary conditions.

PESSARIES IN THE TREATMENT OF UTERINE DISPLACEMENTS.

BY J. R. JACKSON, M.D.

ABOUT two years ago I read an article in a medical journal, written by Dr. Fitzgibbon, of London, England, on the above subject. In that article he especially recommended Dr. Herrick's pessary, and his theory of treating displacements of the uterus. At the time of reading his article, I thought perhaps the writer was unduly carried away with a to him new thing. Still I was quite favorably impressed after reading his paper, for the theory looked to me as being nearly correct. That theory, as I remember it, was that all displacements of the uterus backward were always preceded by prolapse, and that the uterus in descending simply followed the different pelvic straits; and when the prolapsed uterus was in or at the lower strait, the fundus of the organ must be in a condition of retro-version, as the *os* must be somewhat higher than the fundus at that point. Every physician will, I think, agree with me, that the *os*, if it protrudes at the vulva, must be somewhat elevated in order to follow the curve of the pelvic cavity. If this point is conceded, then the theory seems rather plausible. The article before mentioned claimed that to overcome such displacements the uterus must be elevated to its normal height and held there; also that the pessary should make pressure against the *anterior* portion of the uterine neck instead of against the *posterior* of either the neck or fundus; in other words, the pessary should push the uterine neck *upward* and *backward* toward the hollow; or, better still, the promontory of the sacrum; and, if the pessary held the uterine neck in that position, the fundus must stay forward towards the bladder, or the laws of gravity be reversed.

Soon after reading Professor Fitzgibbon's article I went abroad, visiting the colleges and hospitals of London and Paris while away. To my surprise I found quite a number of these pessaries in use in both places. Of course, there were other American pessaries in use there, such as Hodge's, Cutter's, Thomas's, and others, but, I think, quite as many of Herrick's as of either of the others. I asked some of the physicians using them how long they had been in use there, to which they replied "only a year or two," and gave as their reason for preferring them, that they thought the theory the pessary worked on was the most nearly correct of any in use; and they then asked me if the instrument was used much in America, and what our American doctors thought of the pessary and the theory of application. I must confess I was a little ashamed to tell them I did not know what American physicians thought of an American pessary, so I got out of it by saying, "The instrument was quite a new one, and had not been thoroughly tested yet, but the physicians who had used it thought very well indeed of it." My attention being thus drawn to this pessary, I have given it a thorough trial since coming home, and have been able to hold the uterus in place with it in cases where I had utterly failed with all other kinds. The theory of Dr. Herrick, the inventor of this pessary, is that all forms of retro displacements are but different degrees of prolapse, excepting, of course, accidental displacements from falls or other injuries where the uterus is suddenly thrown into a retro position. But all cases which come on as the result of weakening of the natural supports of the uterus, such as laceration of the perineum, want of tonicity of the vaginal walls, or but involution of the uterus, where that organ is too heavy for the weakened vagina and ligaments to hold it in position, both he and Professor Fitzgibbon, in the article before referred to, claim, are but cases of prolapse originally. The results obtained here by myself and others in the use of this pessary, and the experience in London and Paris of capable men, surely point to the truth of the theory advanced by the inventor.

Foreigners are not apt to take up any new thing originating in this country, unless they have exceptionally strong evidence of its utility, and I am free to confess that it was their notice and indorsement that first led me to fully recognize the merits of instrument and theory.

I could give the history of fifty cases treated by this plan and with this pessary with the most happy results, where many other pessaries of the most approved make had failed, both in my hands and in the hands of other physicians, but each case would be but a repetition of the other.

I will simply say in conclusion, that I do not know either Dr. Herrick or Professor Fitzgibbon, and have not the slightest interest in them or the pessary in question, but I simply write this article to call the attention of the medical

profession to what I consider a discovery in the treatment, mechanically, of uterine displacements, and surely any discovery in that direction should be welcomed, for mechanical treatment of that trouble heretofore, if not actually barren of results, has been near enough so to make many physicians quite skeptical as to the good to be obtained from the use of pessaries.

THERAPEUTIC NOTES.

CROUP.

Professor N. S. Davis points out that the treatment of all forms of croup must be directed to accomplish three objects, namely, to lessen the morbid sensibility or irritability of the inflamed structures, to lessen the congestion or vascular fulness of the early stages, and to hasten the disintegration and removal of the exudation which occurs in the later stages of the disease.

All of these indications can be fulfilled in the mild or superficial form of the disease by the administration of the following prescription:—

℞. Syr. ipecac. . . . . ʒiv.
Syr. scillæ comp. . . . . ℥iss.
Tinct opii. camph. . . . ʒij.
M. Sig.—Half teaspoonful every three or four hours.

If the skin is hot and dry and the urine scanty, the patient should also be given a grain of calomel to be followed in three or four hours with a saline laxative.

In more severe cases in which the inflammation involves the mucous membrane more deeply, and by producing considerable tumefaction interferes with the entrance of air into the lungs prompt relief is necessary. When called to a case of this kind, Professor Davis invariably administers two or three grains of turpeth-mineral, which seldom fails to produce free vomiting in from fifteen to forty-five minutes. If it fails to do this he repeats the dose at the end of forty-five minutes. After the child has vomited freely it should be placed upon the preceding anodyne and expectorant mixture, and its bowels opened by calomel and salines.

If the paroxysms of dyspnœa and coughing again become severe, the same emetic should be re-administered and the throat kept covered with cloths which have been dipped in an infusion of aconite leaves. In robust children a few leeches may be applied to the neck during this stage with decided benefit.

In the membranous variety the treatment should be conducted upon the same principles, but pursued more energetically, especially in the early stage. A prompt local bleeding by leeches, and free vomiting by the subsulphate of mercury should commence the treatment, and be followed by a cathartic dose of calomel and bicarbonate of sodium. Then the anodyne expectorant mixture, previously mentioned, should be given alternately with alterative doses of calomel combined with nitrate of potash every one or two hours. The emetic should be repeated in from three to six hours, according to the degree of dyspnœa, and the pharynx and larynx should be sprayed every hour with a solution composed of thirty minims of dilute lactic acid and three ounces of water. If these measures prove ineffectual to give relief, tracheotomy should be performed without delay.

In all cases the temperature of the room should be kept at about 70°, and the atmosphere rendered rather moist.

In some cases where medicinal measures have given partial relief but the disease lingers for days, one or more small blisters may be applied over the larynx with benefit. Cases occasionally occur in which, after the acute stage has passed, there remains a harsh, croupy cough, with sufficient tightness in the larynx to indicate that the tumefaction of the mucous membrane is subsiding very slowly. In such cases Professor Davis usually orders:—

℞. Potassii iodidi . . . ʒiiss.
Tinct. sanguinariæ . . ʒiv.
Syr. scillæ comp. . . . ℥iss.
Tinct. opii camph . . . ʒij.
M. Sig.—One teaspoonful every four hours.

In localities where periodical or malarial fevers prevail, the following prescription may also be given during convalescence:—

℞. Tinct. capsici . . . . . ♏x
Quinia sulphatis . . . ʒss.
Acidi hydrochlorici dilut. ʒss.
Syr. glycyrrhiza . . . ʒij.
M. Sig.—One teaspoonful three times a day.

FUNCTIONAL IMPOTENCE.

℞. Strychnia sulphatis . . gr. j.
Tinct. capsici . . . ʒiss.
Tinct. cannabis ind. . . ʒij.
Ext. damiana, fl. . . . ℥iss.
Ext. erythroxali, fl. . . ℥iss.
M. Sig.—One teaspoonful three times a day.

CEREBRO-SPINAL MENINGITIS.

Professor N. S. Davis recommends—

℞. Tinct. physostigmæ . . ℥iss.
Ext. ergoti, fl. . . . ℥iiss.

M. Sig.—One teaspoonful every two or three hours.

NERVOUS COUGH.

Professor Bartholow frequently orders—

℞. Acidi hydrocyani dilut. . . ℥j.
Tinct. sanguinariæ . . ℥ss.
Syr. senegæ . . . . ℥iv.
Aqua lauro-cerasi . . . ℥vij.
Syr. tolu . . . . ℥ij.

M. Sig.—From ten drops to a teaspoonful every four hours according to the age of the patient.

IRRITABLE HEART.

℞. Tinct. pulsatillæ . . . . ♏xx.
Tinct. veratri viridi . . . ♏xl.
Ext. chimaphilla, fl. . . ℥j.
Syr. limonis . . . . ℥ij.

M. Sig.—One teaspoonful before meals.

AMENORRHŒA.

℞. Tinct. capsici . . . . ℥iss.
Tinct aloes . . . . ℥j.
Ext. hydropiper, fl. . . ℥ij.

M. Sig.—One teaspoonful after meals.

CHRONIC PNEUMONIA.

Professor DaCosta recommends the frequent application of small blisters combined with the persistent continuous administration of—

℞. Liq. potassii arsenitis . . ℥ss.
Ammonii iodidi . . . ℥ij
Tinct. cinchonæ comp. . . ℥iij.

M. Sig.—One teaspoonful three times a day.

ACUTE PLEURISY.

℞. Tinct. aconiti rad. . . . ♏xx.
Morphia sulphatis . . gr. j.
Ext. ipecac, fl. . . . ♏xv.
Spts. ætheris nitrosi . . ℥j.
Aqua . . . . . ℥j.

M. Sig.—One teaspoonful every hour.

CHRONIC CONSTIPATION.

Dr. L'Heureux Blenkarne (British Medical Journal) has obtained excellent results in this obstinate affection from—

℞. Tinct. nucis vomicæ. . . ℥ij.
Tinct. colombo . . . . ℥iv.
Ammonii carb. . . . . ℥ss.
Spts. chloroform . . . ℥iss.
Decoct. aloes comp. . . . ℥j.
Aqua camphoræ . q. s. ad. ℥viij.

M. Sig.—Two tablespoonfuls in water about one hour before each meal.

ASTHMA.

Dr. N. L. Clarke (Medical Age) recommends—

℞. Potassii iodidi . . . ℥iiss.
Ext. belladonnæ, fl. . . ℥iss.
Ext. lobeliæ, fl. . . . ℥iij.
Ext. grindeliæ robusta, fl. . ℥j.
Syr. tolu . . . q s. ad. ℥iv.

M. Sig.—One teaspoonful every hour when necessary.

NIGHT-SWEATS AND NERVOUS PROSTRATION.

Dr. Q. C. Smith (Gaillard's Medical Journal) recommends the following pill for night-sweats. He has found it useful also in relieving the nervous prostration due to alcoholic excess:—

℞. Zinci oxidi . . . gr. xij.
Acidi pyrogallici . . gr. xxiv.
Atropia sulphatis . . gr. $\frac{1}{24}$.
Ext. lupulinæ . . gr. xlviij.

M. Ft. pilulæ No. xxiv.

M. Sig.—One pill after meals.

GASTRIC ULCER.

℞. Morphia sulphatis . . gr. j.
Atropia sulphatis . . gr. $\frac{1}{12}$.
Cerii oxalatis . . . . ℥iiss.

M. Ft. charta No. xvi.

M. Sig.—One powder four times daily.

CHRONIC RHEUMATISM.

℞. Liq. potassii arsenitis . . ℥ss.
Potassii acetatis . . . ℥iij.
Vini colchici rad. . . . ℥ij.
Ext. cimicifugæ, fl. . . ℥iij.
Ext. phytolacca, fl. . . ℥iss.
Aqua menth. pip. . . ℥iij.

M. Sig.—Two teaspoonfuls in water every four hours.

GASTRALGIA.

℞. Tinct. ignatiæ . . . ℥iss.
Tinct. hyoscyami . . . ℥j.
Spts. chloroformi . . . ℥ss.
Vini pepsini . . . . ℥ij.

M. Sig.—Dessertspoonful in water three or four times daily.

SORE NIPPLES.

Dr. E. Thomas (New England Medical Monthly) recommends the following:—

℞. Zinci sulph. . . . grs. xv.
Lactic acid . . . grs. xij.
Glycerine . . . . ℥ij.
Starch . . . . . ℥iij.

M. Sig.—Apply with a camel's-hair brush after nursing, being careful to wash it off before putting the child again to the breast.

CHRONIC DIARRHŒA.

Professor Bartholow recommends—

℞. Cupri sulphatis . . . gr. j.
Morphia sulphatis . . gr. j.
Quinia sulph. . . . . gr. xxiv.
M. Ft. pilulæ No. xii.
Sig.—One pill three times a day.

CIRRHOSIS OF THE LIVER.

Professor DaCosta recommends—

℞. Ammonii chlor. . . . ʒij.
Hydrarg. bichlor. . . gr. ss.
Syr. zingiberi,
Aqua . . . . . āā ʒij.
M. Sig.—Two teaspoonfuls before meals.

INFANTILE COLIC.

Professor Bartholow recommends—

℞. Potassii bromidi . . . ʒj.
Ol. anisi . . . . . ♏ij.
Mucil. acacia . . . . ʒj.
Aqua menth. pip. . . . ʒj.
M. Sig.—One teaspoonful every half hour.

LITHÆMIA.

℞. Vini colchici rad. . . . ʒij.
Ext. phytolacca, fl. . . . ʒj.
Potassii acetatis . . . ʒiij.
Aqua . . . . . ʒvj.
M. Sig.—Tablespoonful four times daily.

ACNE.

℞. Potassi chloratis . . . ʒj.
Strychnia sulphatis . . gr. ½.
Aqua . . . . . ʒiij.
M. Sig.—Dessertspoonful after meals.

TONIC MIXTURE.

℞. Quinia sulphatis . . . ʒss.
Tinct. ferri chlor. . . . ʒiss.
Acidi phosphorici dilut. . . ʒj.
Tinct. ignatiæ . . . . ʒij.
Vini portense . . . ʒiv.
M. Sig.—Two teaspoonfuls in water half an hour before meals.

CHRONIC BRONCHITIS.

℞. Tinct. capsici . . . . ʒss.
Tinct. nucis vomicæ . . . ʒij.
Tinct. sanguinariæ . . . ʒj.
Vini pici . . . . . ʒiv.
M. Sig.—Dessertspoonful four times a day.

DIPHTHERIA.

℞. Ol. menth. pip. . . . ♏x.
Ol. terebinthinæ . . . ʒiv.
Ol. eucalypti . . . . ʒij.
Pulv. acacia . . . . ʒij.
Aqua . . . . q. s. ad. ʒiv.
M. Sig.—Two teaspoonfuls every two hours.

COLIC.

Dr. J. B. Whitney (New England Medical Monthly) writes enthusiastically in praise of the value of the following combination in colic. The dose varies from five to fifty drops, in accordance with the age of the patient and the severity of the case—

℞. Ol. cinnamomi . . . . ♏ij.
Chloroformi . . . . ʒiss.
Tinct. opii . . . . ʒiss.
Spts. camphoræ . . . ʒiss.
Spts ammonii aromat. . . ʒiss.
Spts. vini gallici . . . ʒiv.

HYPERTROPHIC NASAL CATARRH.

Dr. R. O. Cotter (Atlanta Med. and Surg. Journal) says the following ointment will be found very effective in the majority of cases of hypertrophic nasal catarrh—

℞. Ol. eucalyptol . . . . ♏v.
Ext. pinus canadensis, fl. . ♏viij.
Acidi carbolici . . . gtt. v.
Cocaine . . . . gr. iij.
Oil of rose . . . . gtt. ij.
Vaseline . . . . ʒj.
M. Ft. ungt.

A PALATABLE CASTOR OIL MIXTURE.

A pleasant way to give castor oil is—

℞. Ol. ricini . . . . ʒj.
Glycerini . . . . ʒj.
Tinct. auranti . . . . ♏xx.
Tinct. senegæ . . . . ♏v.
Aq. cinnam. . . ad ʒss.
M. Sig.—For one dose.

—*Northwestern Lancet.*

ANÆMIA.

Dr. J. W. Martin (Medical Press and Circular) recommends—

℞. Ferri redactum . . . ʒss.
Ext. nucis vomicæ . . . gr. ij.
Ext. quassiæ, q. s.
M. Ft. pilulæ No. xx.
Sig.—One pill three times a day.

For the constipation which is usually present, Dr. Martin generally employs the following mixture:—

℞. Magnesii sulph. . . . ʒiiss.
Magnesii carb. . . . ʒij.
Tinct. nucis vom. . . . ♏xl.
Spts. am. aromat.
Tinct. cardamomi . āā ʒij.
Aq. menth. pip. . . ad. ʒviij.
M. Sig.—Two tablespoonfuls night and morning.

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
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Philadelphia, Feb. 1886.

THE BEST ANTISEPTIC.

WHILE the triumphs of modern surgery are due in great part to improved methods of operating and to the attention which is paid to all details in the preliminary and after-treatment of cases, it cannot be denied that the use of antiseptics has contributed materially to the success of modern surgical work. Operations which heretofore were regarded as perilous and unjustifiable are now performed daily under antiseptic precautions with the most gratifying results. Probably the same operations could be and are performed under favorable circumstances without antisepsis, and with equally good results. Pure air and uncontaminated surroundings form the best prophylaxis against septic infection. But the painful knowledge that the foul hospital air or surroundings was sure to produce some form of septicæmia or gangrene in all deep wounds, restrained the hand of many an eager surgeon, and impeded all progress in the art of surgery.

This, however, is a thing of the past. Pyæmia, septicæmia, and gangrene are rarely met with now among the sequelæ of operations or the complication of injuries. How much of this desirable consummation is due to the improved technique of the surgeon, and how much to the use of antiseptics is a question which we shall not attempt to answer at present.

The object of this article is to direct attention to an agent which possesses all of the virtues and none of the objectionable qualities of the antiseptics hitherto employed. Mercuric bichloride, carbolic acid, iodoform, and a number of synthetical products have been tried and found to be useless in weak solutions and poisonous in strong solutions. The ideal antiseptic is still being sought for by a host of specialists, but their vision is so hypermetropic that they overlook it every day. The ideal antiseptic is an article which combines the three qualities of cheapness, effectiveness, and harmlessness to the patient. Such an article is the chloride of sodium, or common salt. It can be used in a solution of any strength, and in the same manner as other germicidal agents are employed. The results will be found to be equally gratifying, whether it be employed as a topical application to an exposed wound, or as an injection into a deep abscess, or into the uterine cavity. In every case suppuration will be restrained, foul surfaces induced to take on healthy action, and the healing process materially hastened.

DIAGNOSIS OF GASTRIC ULCER.

IN typical cases of gastric ulcer the diagnosis can readily be made by the presence of the characteristic symptoms of pain, indigestion, and vomiting, especially if the vomited matter be tinged with blood, or if hæmatemesis occur. Cases, however, are noted from time to time in which one or more or all of these symptoms may be absent. Several cases have recently occurred in this city in which ulceration of the stomach has existed without producing any symptoms referable to that organ until perforation actually took place. Violent peritonitis then ensued, and ended fatally within a day or two in each case.

Dr. Stephen Mackenzie recently read a valuable paper on this subject, before the Medical Society of London, in which he pointed out that while the diagnosis of ulcer of the stomach was common enough, occasions of testing its correctness were comparatively rare. Cases presented themselves where an ulcer did exist, without giving rise to any particular or characteristic symptoms; and, on the other hand, there might be a complete clinical picture of gastric ulcer, without any ulcer being discoverable at the necropsy. He then read the history of various cases exemplifying the uncertainty of the commonest symptoms, and the errors to which they might and had given rise. Patients suffering from apepsia nervosa might conduct themselves in every respect like one suffering from genuine gastric ulcer. This condition was one, he said, characterized by absolute

incapacity of the stomach to retain and digest food due to nervous causes. He insisted on the fact that, in cases of nervous origin, any kind of food would probably be alleged to cause pain, even milk; and this, he said, was not generally the case in true gastric ulcer.

During the discussion which followed, the president, Dr. Ord, said that after hearing Dr. Mackenzie's paper, he was inclined to think that cases of apepsia nervosa were pretty common. He asked whether the craving for peculiar aliments, often of an eccentric kind, such as Dr. Mackenzie had mentioned in one of his cases, had any diagnostic importance. Dr. Ord said that he had been struck by the disproportion which so often existed between the lesions and the symptoms to which they gave rise; extensive lesions sometimes causing but slight symptoms, and at other times insignificant lesions would set up quite a grave train of symptoms. Dr. C. H. F. Routh said that the temperature of the food afforded a valuable diagnostic sign; that in gastritis and ulceration cold drinks were soothing, whereas in nervous cases only warm drinks had that effect. He thought, too, that the increased tenderness over the side of an ulcer, on passing an electrical current, might be turned to account. Dr. Sansom mentioned the case of a medical man where an ulcer of the stomach which caused death was diagnosed as commencing pleurisy, owing to the absence of definite symptoms pointing to the stomach as the organ affected. Mr. James Black and Dr. W. H. White quoted cases bearing out Dr. Mackenzie's views. Dr. Theodore Williams insisted on the very localized tenderness in gastric ulcer. Dr. Angel Money suggested that the condition of apepsia nervosa should be regarded as the disease present in all cases, and that the ulcer should be considered accidental. The diversity of results would thus be explained. Dr. T. Stretch Dowse thought inquiries should be made with the view of ascertaining whether there existed any connection between cases of gastric ulcer and ataxia. Dr. Fowler said that many cases diagnosed as gastric ulcer were attributable to organic disease of the heart. Dr. Mackenzie, in reply, said that no symptoms could be regarded as pathognomonic. He did not think that gastric ulcers had any connection with ataxia, nor could he admit the probability of Dr. Angel Money's ingenious suggestion.

THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA has elected the following officers for the ensuing year: President, C. H. A. Kleinschmidt; Vice-Presidents, Dr. John B. Hamilton, and Dr. W. H. Taylor; Treasurer, Dr. C. W. Franzoni; Secretary, Dr. Thomas McArdle.

THE PHILADELPHIA COUNTY MEDICAL SOCIETY AND THE AMERICAN MEDICAL ASSOCIATION.

IT is more than probable that if the eminent and the embryo specialists who captured the Philadelphia County Medical Society had foreseen the storm of indignation which their action has raised, they would have hesitated before introducing the worst methods of precinct politicians into the meetings of a learned society. In fact many who were prominent on that occasion have expressed regret for the part they took in the matter, and we are informed that one of the prime movers in the conspiracy was very much chagrined at the unseemly conduct of many of his supporters.

It is difficult to see how any one whose judgment is not warped by personal malice or consuming ambition can find any cause for self-gratulation, either in the results of the conspiracy or the manner in which they were achieved. To an unbiased spectator, the whole proceedings were a painful reminder of the methods resorted to by the New Code men to obtain control of the New York Medical Society, so graphically described by Prof. Austin Flint, Jr.: "The leader of the New Code movement, supported by a large number of adherents who blindly followed his dictation, displayed a degree of arrogance and assumption that has seldom, if ever, been witnessed in such a body. Many voices were raised in behalf of the honor of the profession, but they were all unheeded. One of the most eminent men in our ranks, respected alike for his age, attainments, and the purity of his private and professional life, was merely tolerated in making his protest, while the curt and peremptory orders of the New Code leader to vote in a certain way on each question raised were received with stormy applause, and were implicitly obeyed."

A similar and even more vindictive spirit was displayed on this occasion. All rules and precedents were disregarded, the Constitution and By-Laws were violated, and the oldest and most respected members of the Society, who rose to protest against such outrageous proceedings and unparliamentary

decisions, were literally howled down, and the conspiracy appeared to be triumphant.

We predict, however, that its instigators will soon be taught a lesson which they will not speedily forget. The practitioners of this city have some rights which even the attachés of great institutions are bound to respect, and among those rights is the right to elect their representatives in the manner prescribed by the constitution of the County Medical Society.

We commend the following editorials and letters from the Philadelphia Medical Times, The Philadelphia College and Clinical Record, and the Journal of the American Medical Association to the dispassionate judgment of the American medical profession:—

THE ACTION OF THE COUNTY MEDICAL SOCIETY.

At the stated meeting of the Philadelphia County Medical Society, held on the 6th instant, for the purpose of electing officers, the regular nominations for delegates to the State organization and the American Medical Association were set aside and a new ticket introduced and elected by a proceeding without a precedent in the history of the society.

Now that the meeting is over, and we review its proceedings, we feel that no one who was present can escape a sense of mortification at the disorder which prevailed during the discussion, if not of regret for the results of the ballot. It is true that, by the concerted action of one hundred and fifty members, the society (whose entire membership is nearly five hundred) finds itself with a bad precedent established, and with a lively factional quarrel in prospect.

Let us see what was gained by this revolutionary procedure. Those having the matter in charge succeeded in having declared elected delegates whom no one will pretend to be better or more representative men than those discarded. They also had passed a resolution disapproving of the course pursued by the American Medical Association at New Orleans, and instructing the delegates to "endeavor to secure such modification of that action as may best conduce to the re-establishment of professional harmony and to the success of the Congress." On the other hand, they have raised a storm of feeling in the County Society which must inevitably react in the end upon the leaders of the movement, and thus inaugurated a state of affairs which all should deprecate as threatening the best interests of the society.

The evident intention of those who substituted, in this hasty and irregular manner, an entirely new list of delegates (some of whom were not even members of the society) was avowedly to send only those who would endeavor to carry out the plan set forth at a meeting of a few members of the profession interested in the International Medical Congress, held quite recently in this city,—to wit, "that the present Executive Committee should unite with the Original Enlarged General Committee, and recommence" (*sic*) "the organization *de novo*."

We have no hesitation in declaring that such hope is futile; it can never be fulfilled. The American Medical Association and the profession will not invite the members of the Original Committee again to assume control of the organization of the Congress. The probable result of such a course is apparent from their record. Thus, on May 8, 1884, that committee reported the following resolution:—

"That it shall be the duty of the committee to extend, on behalf of the medical profession of the United States, to the International Medical Congress about to meet at Copenhagen, a cordial invitation to have the International Medical Congress meet at Washington, D. C., in 1887."

This resolution was adopted, and the sum of four hundred dollars appropriated by the Association to meet the preliminary expenses of this committee, and the money was afterwards paid by the treasurer.

On April 28, 1885, the committee reported to the association that they had "met at Copenhagen during the meeting of the International Medical Congress, and presented the invitation, which was accepted." To this was appended a "Preliminary Plan of Organization," that was discussed by the association, which declined to indorse or accept their appointments, as they had exceeded their authority. The association thereupon expressed its disapproval of their action by appointing a new committee, but courteously continued them as a part of the Enlarged Committee. From this action the Original Committee rebelled; and now a few of its members decline to participate in the efforts of the remainder, who are striving to make good the cordial invitation accepted at Copenhagen.

The question naturally arises, Is the course of these physicians loyal to the profession that intrusted them with a mission?—*Philadelphia Medical Times, January 23, 1886.*

THE following is an old practitioner's view of his County Society's action:—

Perhaps the most interesting and most truly exciting meeting thus far held, was that of the County Medical Society. This is the only organization in our city which is entitled to send delegates to the State and National Associations.

At the annual election on Wednesday afternoon last, there was an unusual display of feeling in reference to the action of the American Medical Association in New Orleans last May. It was whispered about for a few days prior to the meeting, that some effort would be made to commit the County Society to the side of the malcontents, and thus enable them to succeed in their efforts at obstructing the meeting of the International Congress of 1887.

Last October, in accordance with a special law of the County Society, which says "Nominations for delegates shall be made at the stated meeting in October by a nominating committee named at the stated meeting in June, which committee shall present a ticket of candidates for election to the different delegations of the Society," this nominating committee presented a ticket of nominations of delegates to the American Medical and the State Medical Societies. This report was received without a dissenting voice, and, as usual, a copy was sent by the assistant secretary to each member of the Society, with the notice for the January meeting. A day or two prior to this meeting, some of the members received a circular asking them to support a different ticket; to quote their words, "Nominated in the interests of general professional harmony." It does not appear as though any effort was made either by the members of the nominating committee or by their nominees. When the Society was assembled, the first move was to suspend the order of business in order to introduce, in violation of the By-Laws, a ticket not named by the nominating committee; this was on the motion of Dr. Agnew, who seemed to be the leader of the opposition to the regularly named ticket. This proposition was opposed by some of the oldest members, and especially by several of the ex-presidents, as not in order. Now commenced a most remarkable scene. Hisses, jeers cries of "order" were hurled full in the faces of the little party thus standing up for the rules and asking that they be obeyed. The president seemed utterly powerless, or disinclined to stem the flood that carried all before it. The "ayes" and "nays" were demanded and yielded to with great reluctance. The call showed that out of a membership of over four hundred, about one hundred and fifty were in favor, to fifty against the substitution of the new ticket. Of course, after this vote, the ballot was a mere form, and resulted in about the same figures, or even with less opposition, owing to the fact that many now left the room disgusted.

During the balloting Dr. Agnew offered a series of resolutions condemning the action of the American Medical Association, and requiring the Philadelphia delegates to vote for a reversal of its action. These resolutions will no doubt be shortly sent you by the secretary of the society. It was fully and even boastfully acknowledged by several that they had come to carry their point, even if it required the setting aside of all the laws of the society. While some of these gentlemen publicly announce their adherence to and regard for the Code of Ethics, yet more than one expressed the belief that this was the entering wedge, toward the adoption of the New Code, or the destruction of the Medical Society; and one even hoped for these results, as he desired to be free. It was suggested in the conversation which followed in the little group around him, that his proper plan was to resign, but he seemed to prefer to wait within the lines while constantly chafing at the restriction imposed upon him.

The leaders, and those who spoke in behalf of the opposition, announced themselves as "pacificators," endeavoring to promote the harmony of the profession, but the remarkable method which they have adopted has thus far been productive of a decidedly different effect. It is the cause of most bitter talk in every accidental meeting of medical men, and the daily papers are jocosely predicting in this disagreement of the doctors a great increase in the sales of patent medicines.

It is a well-known fact, announced at the meeting, that at least one gentleman on the ticket thus elected is not a member of the County Society, and it is a question whether several were eligible by reason of non-payment of dues. The question of the legality of this election may yet be brought before the Censors, or even require a decision of the Judicial Council.—*Journal of American Medical Association.*

A MEDICAL COUP D'ÉTAT IN PHILADELPHIA.

PHILADELPHIA, January 11, 1886.

To the Editor of The College and Clinical Record.

Dear Sir:—Believing that it is but just that a fair and impartial statement of the recent action of the Philadelphia County Medical Society, in subverting its own by-laws for the election of delegates to the American Medical Association, should be put upon record, I desire, as an eye-witness of the proceedings, to occupy a brief space in your columns.

The By-Laws of the Philadelphia County Medical Society regulating elections of officers and delegates stipulate that, "at the stated meeting in June, a committee of five members shall be constituted, which shall be called 'the nominating committee,'" and that "at the stated meeting in October, this committee shall present a ticket of candidates for election to the different delegations of the Society," and "no member shall be put in nomination who is in arrears for the annual contribution of the current year." In accordance

with these By-Laws, the nominating committee appointed last June reported to the society last October the names of members eligible as delegates to the American Medical Association and the State Medical Society of Pennsylvania, their report being unanimously adopted.

At the stated annual meeting of the County Society, held January 6, 1886, when the society, in accordance with public notice, met to transact its annual business, the hall was packed, not only with members, but also with medical students and newspaper reporters, and it soon became apparent that an organized effort had been privately formed to subvert the usual proceedings. Prominent medical teachers and others, who rarely or never attend these meetings, were present, in the interest of a ticket then first known to many, and speciously headed, "In the interest of general professional harmony." The movement was inaugurated by a motion to suspend the orders of the day and proceed at once to the election. No objection was raised to any member on the ticket already regularly nominated in accordance with the By-Laws; but it was understood that one person was specially offensive in consequence of his course at New Orleans. Four ex-presidents and old members of the County Society vigorously resisted this revolutionary action, insisting on the observance of the By-Laws in reference to elections, and charging, without denial, that several of those named on the substituted ticket were ineligible, as not having paid their dues, and that one was well known not to be a member of the County Society. Their efforts to maintain the supremacy of the laws were received by vigorous and repeated hissing and calls not usually heard outside of a political convention.

Under a call for the yeas and nays, a vote to recognize and permit the presentation of the new ticket was taken, there being 165 yeas to 36 nays, the balance of the 450 members of the society being absent and ignorant of the proceedings then in progress. Having succeeded, in spite of the By-Laws, in introducing their ticket, the next step was to present during the balloting resolutions in opposition to the action of the American Medical Association at New Orleans, and instructing the delegates to endeavor to restore the original organization of the International Medical Congress as it stood before the last meeting of the Association (Drs. Billings, Hays, and others).

It remains to be seen what course will be taken by the members of the regular ticket thus ostracised. The probabilities are that the admission of the other delegates at St. Louis, and the legality of their election, will be brought to the decision of the "Judicial Council" of the Association. It is very doubtful if the resolutions adopted will meet with much favor at the hands of the members of the American Medical Association in the South and West, who will form the great bulk of the members in attendance at the St. Louis meeting in May next.

Whatever moral effect was intended to be produced by the exclusion of several of the gentlemen on the regular ticket from attendance as delegates at the St. Louis meeting will be counteracted by the fact that they are already permanent members of the American Medical Association, and, although as such they are not entitled to vote, they have an equal right with all the delegates to participate in the deliberations of that body. Whatever influence they are capable of exerting, therefore, by their presence at the St. Louis meeting, will be just as sensibly felt, and the great mass of members and delegates in attendance at that immense gathering, for such it promises to be, will not know, and certainly will not care, whether these gentlemen have a right to vote or not, their right to discuss this coup d'état being wholly undisputed.—*The College and Clinical Record*, February, 1886.

PROGRESS OF THE OPPOSITION TO THE ORGANIZATION OF THE INTERNATIONAL CONGRESS—SIGNS OF THE END.

When the American Medical Association at its meeting in New Orleans simply exercised its right to enlarge its Committee on the Organization of the Congress, and make it more truly representative of the whole profession, a few leading men having the control of two or three prominent medical journals captiously denied the right of the Association to meddle with the matter. They were soon compelled to abandon that position as untenable.

They next made a sudden and concerted attempt to prevent the Enlarged Committee from making any progress in the work of organization by the most reckless efforts to keep members of the profession from accepting any official positions in the Preliminary Organization of the Congress. They denounced the action of the Association, and openly avowed their preference to have the whole profession of the country disgraced by a withdrawal of the Congress to some other country rather than to make any honorable and fair concessions to the fairly expressed wishes of the National Association. In the mean time, the properly Enlarged Committee on Organization quietly progressed with their work, adopting complete and satisfactory rules of organization, and appointing the provisional officers of the Congress and of the Sections; thereby providing an efficient Executive Committee of the Congress to take all further control of its affairs. The Executive Committee promptly commenced its

work by publishing the Rules and plan of organization for the Congress both in this country and in Europe. The announcement has been received with favor on both sides of the Atlantic, and active progress in the preparation of programmes of work for the several Sections is being made. Time has thus demonstrated that every effort of those who had banded together in opposition to the work of the legitimate organization had actually failed.

The Executive Committee, desirous of removing all excuse for continued divisions, and disregarding all personal feelings, honorably tendered as many appointments in their own body as the Rules of the organization permitted, to the most eminent of those thus far in opposition. Instead of meeting a prompt acceptance, the appointments were submitted to the organized caucus of the opposition in Philadelphia, in which were made professions of extraordinary regard for the National Code of Ethics and for the welfare of the National Association; but it ended in suggestions of an utterly impracticable character. More recently, as shown by our special Philadelphia correspondent, in The Journal of January 16, they assumed still further the rôle of professional harmonizers and special friends of the American Medical Association, while electing delegates to the Association in the meeting of the Philadelphia County Medical Society by methods unknown to the usages of the Society. This is a practical acknowledgment of the right and duty of the Association to make good all arrangements implied by the invitation to the Congress given in behalf of the profession of the United States.

The sample of their work done in the Philadelphia County Medical Society shows their last card, which consists in a desperate effort to control the election of delegates to the meeting of the American Medical Association in St. Louis, in May next. Their methods and purposes are now fully apparent to the profession at large, and their last game, under professions of harmony, will avail them no better than their former one of bluff.—*Journal of American Medical Association*, editorial, January 30th.

MEDICAL NEWS AND MISCELLANY.

Dr. B. F. Baer has been elected president of the Obstetrical Society of Philadelphia.

Dr. Royal W. Amidon has assumed editorial charge of the Analectic.

Dr. John B. Roberts, Professor of Surgery in the Philadelphia Polyclinic, was married on January 26th to Miss Anna H. Roberts.

Dr. Austin Flint has accepted the invitation to deliver the Address in Medicine at the next meeting of the British Medical Association.

Professor C. A. Lindsley, M.D., has resigned from the position of Dean of the Medical Department of Yale College. Dr. Herbert E. Smith has been elected as his successor.

Dr. N. D. Gaddy (Indiana Medical Journal) considers the continuous local application of guaiac to be the treatment *par excellence* of all cases of acute glossitis.

Dr. Beaven Rake (British Medical Journal) reports a case of fatal convulsions due to the presence of large numbers of round worms in the intestines of a three-year old child.

The Journal of Reconstructives, Dietetics, and Alimentation, is the title of a new and valuable quarterly medical journal, which is edited by Dr. Wallace Wood, and published by Mr. John Carnrick, of New York.

The American Practitioner and the Louisville Medical News have become amalgamated, and will hereafter appear bi-weekly as the American Practitioner and News. The new journal will be edited by Dr. David W. Yandell and Dr. H. A. Cottell.

Dr. R. W. White (Daniels's Texas Medical Journal) has observed that in many cases of typhoid fever, when sweet milk is not well borne by the stomach, buttermilk can readily be taken and will be found to be antipyretic and sedative, as well as nourishing.

A Philadelphia Physician Abroad.—Dr. Thomas H. Fenton, who is now visiting the large hospitals and schools of Europe, delivered an address before the Medical Society of Berlin on January 13th. Dr. Fenton was introduced to the society by Dr. Virchow. Liebrich, Gerhardt, Bernard-Frænckel, Lassar, Ewald, Kussmaul, and many other prominent Berlin physicians were present.

The following gentlemen have been elected members of the American Public Health Association: Dr. Andrew W. Imrie, Detroit; Dr. John W. Jones, Tarborough, N. C.; Dr. Frank L. Sim, Memphis; Dr. J. Howard Taylor, Philadelphia; Dr. Charles Farquhar, Olney, Md.; Dr. Carl H. Horsch, Dr. Dwight A. Richardson, Osceola, Ark.; Dr. Thomas Taylor, Dr. Jas. T. Young, Dr. Z. T. Somers, Dr. P. Morgan, Jr., Washington, D. C.; Mr. Ed. J. Hannan, Washington, D. C.

International Medical Congress.—I feel in hearty accord with the sentiments expressed by your correspondent in the November number of The Monthly, on the matter of the coming meeting of the International Medical Congress. There is no doubt but that the friends of the Original Committee have used every means in their power to misrepresent the action of the New Committee and to belittle its efforts to make the

Congress a success. I wonder if the journals which are supporting this sort of thing are not waking up to a sense of their being on the wrong side of the fence. I know where one of them lost four subscribers in this city since the raid began. Is not this a straw which shows which way the wind is blowing?—*Cor. New England Medical Monthly.*

INTERNATIONAL MEDICAL CONGRESS.—The note in the last Monthly from a doctor who signed himself "Not a member of the American Medical Association," has touched the keynote of the whole International Medical Congress business. When a committee appointed by any organized medical body insults its constitutors as did the Original Committee, headed by Drs. Billings and Hays, by appointing every one of themselves to offices, and prominent ones, too, and some of their members to several offices, we think it is time for the profession to call a halt. A few have followed the Original Committee, the mass of the profession are behind the New Committee, staunch and true. Let them rave, rant, revile, and misrepresent; they are the only ones who will suffer, not the International Medical Congress.—*Cor. New England Medical Monthly.*

THE TREATMENT OF FROST BITES.—Dr. Lapatin, in the proceedings of the Caucasian Medical Society, advises that fingers and toes which have been slightly frost-bitten, and which subsequently suffer from burning, itching, and pricking sensations, should be painted, at first once and afterward twice a day, with a mixture of dilute nitric acid and peppermint water in equal proportions. After this application has been made for three or four days the skin becomes darkened and the epidermis is shed, healthy skin appearing under it. The cure is effected in from ten to fourteen days. The author has found this plan very effectual among soldiers who were unable to wear their boots in consequence of having had frozen feet. They were in this way soon rendered capable of returning to military duty.—*British Medical Journal.*

THE WESTERN PENNSYLVANIA MEDICAL COLLEGE.—The Western Pennsylvania Medical College has been organized and liberally endowed, and will soon assume possession of its new building on Sixth Street, Pittsburgh, Pa. The course of lectures will not begin, however, until October. The faculty will be composed of the following well-known, earnest, and hard-working practitioners: Professor of Anatomy, Dr. Heckelman; Professor of Physiology, Dr. Allen; Professor of the Principles of Surgery, Dr. Murdoch; Professor of the Practice of Surgery, Dr. McCann; Professor of the Principles of Medicine, Dr. Snively; Professor of Clinical Medicine, Dr. Lange; Professor of Chemistry, Dr. Blank; Professor of Materia Medica, Dr. Gallagher; Professor of Obstetrics, Dr. Duff; Professor of Gynæcology, Dr. Asdale; Lecturer on Dermatology, Dr. Dunn; Lecturer on Nervous Diseases, Dr. Ayers; Lecturer on Orthopædic Surgery, Dr. King; Lecturer on Genito-Urinary Diseases, Dr. Thomas.

THE NEW CHILIAN REMEDY FOR CYSTITIS AND CALCULUS, PICHI (*Fabiana Imbricata*).—The London Medical Times and Gazette, December 5, 1885, reports a new remedy for cystitis, viz., Pichi (*Fabiana Imbricata*), which has its habitat in Chili, that fruitful home of medicinal plants.

It appears that Brazilian physicians of high scientific standing, as well as the native inhabitants, esteem the medicinal virtues of this drug in the treatment of urinary diseases, and especially its value in treating renal and vesical calculi and cystitis.

We learn that Messrs. Parke, Davis & Co., the manufacturing pharmacists, with their usual enterprise, sent a special representative to the native habitat of the plant, who has secured for them a supply of the genuine drug, of which they now offer samples to the medical profession desiring to ascertain by clinical trial its real medicinal value.

The conservative members of the profession are not a little skeptical as to the value of new remedies, but those who have followed the history of the introduction of cascara sagrada, coca erythroxylon, and other new drugs which are now indispensable members of the materica medica, are firm in their belief that progress in therapeutics must be attained by a careful examination of the claims for consideration of each new aspirant for therapeutic honors.

THE INTERNATIONAL CONGRESS.—According to the Medical News (of Philadelphia) of December 26th, the Medical Record gives the following editorial note from the St. Petersburg med. Wochenschrift, of November 21st: "The prospects of the next International Medical Congress, which was to meet in 1887, in Washington, have lately, in an unusual manner, been put in jeopardy. The Original Organizing Committee, of which, as announced by us in previous communications, the well-known surgeon-general of the United States Army was secretary-general, and to which the most distinguished American physicians belonged, has been retired. This was accomplished through the intrigues and hostility which developed at the last annual meeting in New Orleans. At this time a new committee was appointed, under the presidency of a Dr. Shoemaker, of Philadelphia. This new Organization Committee contains but a few of the members of the previous committee, and is composed mostly of unknown

and insignificant physicians, who inspire no confidence in their capacity for conducting the Congress."

When the St. Petersburg med. Wochenschrift knows no better than to confound "the well-known surgeon-general of the army" with the officer who was the secretary-general of the committee of seven, it publishes the value of its condemnation of the new committee as "composed mostly of unknown and insignificant physicians." To it they doubtless are unknown. But what shall be said of both the Medical Record and Medical News, which reproduce this statement about "the well-known surgeon-general of the army" (and not for the first time) without contradiction?—*Cor. Journal of the American Medical Association.*

THERAPEUTIC VALUE OF CHLORIDE OF CALCIUM.—Dr. R. W. Crighton (Practitioner) has used chloride of calcium largely for eight years, and knows of no other remedy that will produce the same good results in suitable cases. And, among these, first, is enlargement of the cervical glands in children, where the glands seem massed together, and are almost of stony hardness, and in which both iodine and cod-liver oil have failed to reduce the bulk. After some weeks' patient use of the chloride, with careful attention to diet and general hygiene, there seldom fails to be noticed a softening and separation of the individual glands, and generally, in a few months, such a reduction in size, or complete disappearance in milder cases, as to warrant the term cure being applied to the case. On the discontinuance of the remedy, however, an increase of size often takes place, necessitating its continuance at intervals for a year or more. Dr. Crighton has found the chloride of calcium equally efficacious in cases where suppuration had occurred. One case was that of a lady of forty, who from childhood had scarcely ever been many months free from suppuration of some of the cervical glands. These had generally been incised, and cod-liver oil and the preparations of iodine almost constantly taken. She was treated with chloride of calcium thrice daily. In less than three months all suppuration had ceased, and the enlarged glands had become much reduced in size. In tabes mesenterica the good effects are striking and lasting, if the disease is not too far advanced. Dr. Crighton always prescribes crystallized chloride calcium, as the anhydrous salt forms a turbid solution, and has an unpleasant taste. The dose is one, two or three grains for young children, and rarely over twelve or fifteen grains for adults.

GENERAL CATARRHAL ŒDEMA.—This case, gentlemen, possesses unusual clinical interest, as you will see when we develop it. We have a man who had always been healthy, and who came into the hospital on the 12th of November, saying that six days before he had "caught cold." He had some cough and expectoration, with pain in the chest and ankles. At the same time, his face, feet, and scrotum became swollen. The cough had declined when he entered the house, but the pains persisted, though without any swelling of the joints. The œdema of the face was gone, but that of the feet and scrotum persisted. Some moist rales were heard, his spleen was enlarged and his temperature was 102°. His urine and his heart were normal. Twelve years ago he had chills and fever. He was given quinine and diaphoretics, and under their use passed fifty-five ounces of urine daily. On the 14th the œdema was gone, but the temperature was near 101°. He was also given fluid extract of jaborandi in twenty-drop doses. This caused profuse perspiration, and in a few days he expressed himself as well. Repeated examinations have failed to detect the slightest traces of albumen; his heart and liver are normal; remember these facts, for they have an important bearing. Here we have acute general œdema without disease of the heart, liver, or kidneys. This condition generally comes from kidney disease, but there is none here. This man is strong and hearty in every respect. This is one of those rare cases where the inflammatory state similar to that which gives catarrh, affects the areolar tissue. There has always been a lingering belief in the minds of some clinicians that there may be a transudation of serum, not only from mechanical causes, not only from disease of the liver, heart, and kidneys, but that it may be caused by an inflammation of the areolar tissue. The writers of the last and the early part of the present century used to speak of "inflammatory œdema," in those days this case would have been described as such. But it transpired that, as our nicety of diagnosis advanced many of those cases which had been called by this name were found to be due to kidney disease and other causes, when, as so often happens, our clinicians, sailing away to the other extreme, dropped this disease altogether, and its occasional actual occurrence was overlooked. But here we have a case where careful and repeated examinations fail to give any other cause. We might almost call it a new disease, it has not been worked up for many years. There has been some irritation (by cold) and inflammation of the areolar tissue, and a consequent exudation of serum. We will give this man Basham's mixture for a few days.—Professor J. M. DaCosta, *Medical and Surgical Reporter.*

DIURETICS.—Dr. V. M. Reichard (Philadelphia Medical Times) says diuretics may be divided into two great classes; those in which the chief effect is an increase in the amount of urinary

water, and those in which there is a decided increase in the urinary solids. In the first class digitalis stands easily at the head, and of all its preparations the infusion is the diuretic *par excellence*. Much has been written and said about the cumulative effect of digitalis, but in my own use of the drug I have never had any bad result further than disordering the stomach. This it is sure to do if pushed strongly and continued for a week. But when a diuretic is indicated because of either dropsy or retained substances in the blood, and there is a rapid, weak pulse, the infusion of digitalis will act like a charm for a few days. After being given in decided doses for a few days (say a teaspoonful every four hours), it can be reduced either in the size or the number of the doses, so there will be not much danger of gastric disturbance. Sometimes, however, we are forced to abandon the use of the drug entirely until the tongue cleans and the stomach regains its normal tone.

In a recent case of extensive œdema of the lower extremities, due to cardiac dilatation, I secured the most happy results by intermitting the digitalis and giving convallaria. Though the latter had no appreciable diuretic action, yet as a cardiac tonic it sustained the heart until the digitalis could be resumed.

Caffeine has high authority in its favor as a diuretic and cardiac tonic in advanced cases of cardiac dilatation. All the alkalies, the acetates especially, increase the amount of urinary water as well as solids, and in choosing an alkali as a diuretic it is rather a matter of personal preference. The only thing to avoid is giving a soda salt, as the insoluble urate of sodium will be formed, and harm will result where good was expected.

Buchu stands as the type of diuretics the activity of which depends upon a volatile oil. It is indicated where a diuretic pure and simple is needed with no reference to the heart. In any case of idiopathic renal inefficiency it is the drug to be given, or if for any cause the amount of urinary water is to be increased without affecting the blood-pressure. Cases of lithæmia all do better if buchu be added to the alkali. A plan which I have often used with much satisfaction, is to give about twenty grains of bitartrate of potassium with an ounce of infusion of buchu in a cup of cold water every three hours. Under its use I have seen nervous, depressed, neuralgic women brighten and clear up mentally and physically. After being literally "washed out," they have in a number of cases expressed the greatest satisfaction, and requested to be allowed to keep some of the medicine on hand.

NOTE ON THE USES OF LOBELIA INFLATA.—Dr. V. M. Reichard (Phila. Medical Times) says: "Lobelia may be used internally as a nauseant, an expectorant, an emetic, and as an antispasmodic. As a nauseant, it should be given in small doses frequently repeated. If the stomach be decidedly acid it may be very distressing: so it is safer always to administer it with a little bicarbonate of sodium. In the first stage of acute bronchitis, combined with an opiate, as paregoric, it is unexcelled. It relieves the fulness and pain, and promotes a free flow from the bronchial mucous membrane. In children troubled with a nocturnal cough and tightness of breathing, there is nothing better than tincture of lobelia in small doses. When given as an emetic, it is a good plan to give about ten drops in a wineglassful of warm water every fifteen minutes; or, with small children, give small doses and put them into a hot bath at the same time. The textbooks say it is too depressing as an emetic, but I must say that, observing the precautions above mentioned, I have not found it so. In asthma, it will break up an attack at once if pushed to emesis. As an antispasmodic, especially in nervous exaltation, it is a remedy of great utility. An attack of hysterio-epilepsy or of any hysterical manifestation will be cut short by it. If the patient cannot or will not swallow, it may be given by enema or hypodermically. After one or two trials of the drug, the patient will forego the hysterical attack rather than submit to the nausea. In this way I have relieved hysterical epilepsy, hysterical aphonia, and many more of the hysterical manifestations.

"While it will not always cure the habit, it will relieve the symptom which so much disturbs the friends of the patient.

"As a local application it has an extended use. Its value is undoubted, and, so far as I know, this is not mentioned in any of the standard textbooks on materia medica. As a wash for indolent sores, as an application to traumatic erysipelas and to incised wounds, I have never found its equal. In the latter class of injuries it is especially useful. It acts as a hæmostatic and astringent. Its best application is to those wounds the edges of which can be brought together.

"In any incised wound, no matter how large or how great the hemorrhage, so long as it does not require a ligature, if the edges be brought together and held for a few minutes while a pledget of cotton wet with the tincture of lobelia is applied, the hemorrhage will cease, the parts will adhere, and all will be prepared for union by the first intention. Though lobelia may not be a germicide, yet it will so entirely close up a wound as to render it perfectly asceptic. It is no longer a matter of experiment with me, but a fixed conviction, the result of observation of a great number of cases, varying from a mere scratch to severe incised wounds. In one case, a man while butchering, by a slip of the knife, cut a gash into the back of the

hand and the arm, beginning in the web of the thumb opposite the metacarpo-phalangeal articulation running diagonally upward and towards the radius, extending in front about two inches above the wrist-joint. Where the knife entered the wound was quite deep, dividing the first and second extensors of the thumb. The radial artery was barely missed, and was seen pulsating in the bottom of the wound. The hemorrhage was so severe as to lead for a moment to the belief that the radial had been divided. The man positively refused to have the divided tendons sutured. The hand was put on such a splint as would support the thumb in its place, the edges of the wound approximated with adhesive strips, and the parts covered with absorbent cotton, wet with a saturated tincture of lobelia. In three days union was apparently complete, but the perfection of the result was marred by the imprudence of the patient, who took off the splint and used the hand, with the result of destroying the union over the site of the divided tendons.

"Any one who will try this remedy in the class of cases indicated cannot fail to be satisfied with the result.

"The stigma cast upon lobelia by irregular practitioners claiming for it specific properties has caused it to be too little used by regular physicians. The remedy deserves more notice at our hands. While casting around for *new* remedies, it is proper to investigate fully the properties of those we already have. Though the active principle may be poisonous, there is not sufficient of it in a medicinal dose of the tincture to be dangerous. In a series of experiments made to determine the toxic character of this drug, I found it impossible to kill the animals experimented upon. Heroic doses were given to half-grown cats, with no other effect than intense nausea and weakness for a day or two. In no case would it kill, though as much as two ounces of a saturated tincture of the seed were given in the course of an hour."

THE LACKAWANNA COUNTY MEDICAL SOCIETY AND THE AMERICAN MEDICAL ASSOCIATION. FICTION *versus* FACTS.—The Medical Record published the following editorial note on December 26th:—

"At a meeting of the Lackawanna County Medical Society, December 8th, a telegram was received from Dr. J. V. Shoemaker, of Philadelphia, asking the society to rescind their resolution of last month condemning the action of the American Medical Association's new committee in excluding eminent physicians from the Congress. A motion to reconsider the resolution of last month was offered, and, after an animated discussion, was defeated."

We do not know what Dr. Shrady expected to accomplish by this article. Its utter falsity is shown by the following letter, which was immediately afterwards sent to the Record, but withheld from publication for three weeks:—

"In looking over my Record of the 26th ult, I saw a statement that, 'at a meeting of the Lackawanna County Medical Society, held December 8th, a telegram was received from Dr. J. V. Shoemaker, of Philadelphia, asking the society to rescind their resolution of last month condemning the action of the American Medical Association's new committee in excluding eminent physicians from the Congress. A motion to reconsider the resolution of last month was offered, and, after an animated discussion, was defeated.' How much truth there is in the above statement you will readily see from the following facts, gleaned from the transactions of the Lackawanna County Society for November and December, it being necessary to give both months in order that the subject may be better understood. At a very poorly attended meeting held November 10th, a resolution, condemning the action of the American Medical Association's new committee, was offered and championed by a comparatively new member; in fact, it being his first attendance as a regular member of the society, which received six votes out of a society numbering forty-five members, which truly cannot be considered a very strong expression of the society. Remember, those six included the maker of the resolution, and some that rarely attend the meetings of the society, and only in this case for the express purpose of passing this resolution. Having succeeded in carrying their motion, in order to make the matter more emphatic a second motion was made, to appoint a committee of three to draw up a set of resolutions condemning the action of the new committee of the American Medical Association, which was carried by the same vote as the first motion. But, alas, this proved to be the straw that broke the camel's back, as we learned from the subsequent meeting, held December 8, 1885. The meeting of December 8th being our regular monthly, as well as annual meeting for the election of officers for the ensuing year, was largely attended, there being twenty-nine members present. This proved to be the largest, and most representative meeting ever held of the Lackawanna County Medical Society. Not only was Scranton well represented, but there were present members from Carbondale, Oliphant, Fleetville, and other towns, making it a truly representative meeting. At this meeting, when the condemnatory resolutions were presented, they were defeated by a vote of nineteen to ten; one of the ten not being a member, the vote really stands nineteen to nine, leaving no doubt as to the defeat of the resolutions. A motion was then made to reconsider the action of November, which

was carried by the same vote that defeated the resolution. The president being asked to cast his vote, did so with the majority, making twenty votes for reconsideration. In relation to the telegram sent by Dr. J. V. Shoemaker, of Philadelphia, asking the society to rescind their action of November, I will say, the society never received any such telegram. I believe Dr. Throop received a message from Dr. Shoemaker, but as that was private it certainly did not belong to the society. In order that you may see some of the animosity that exists toward Dr. Shoemaker by one of the party that supported the November resolutions, allow me to give the expression in his own language, verbatim, 'I am glad to get a chance to sit on that Shoemaker.' I have submitted this communication to both the president and secretary of the Lackawanna County Medical Society, for their inspection, verification, and approbation, which they fully indorse by adding their official signatures. In conclusion, allow me to say that the great majority of the members of the Lackawanna County Medical Society feel sorry that matters exist as they do in relation to the International Congress, but we also wish it understood that we feel loyal to the American Medical Association. Trusting you will pardon me for trespassing so much on your valuable space, expecting to be treated fairly, asking no more, nor expecting any less, I remain very respectfully,

"M. J. WILLIAMS, M.D.

"B. H. Throop, Pres. L. M. Soc.

"W. A. Paine, Sec'y Lack. Co. Med. Soc."

THE following correspondence in reference to the International Medical Congress, to be held at Washington, D. C., in 1887, we clip from The Provincial Medical Journal:—

THOMAS M. DOLAN, Esq., M.D., Halifax, Eng.

DEAR DOCTOR: I beg to acknowledge the receipt of your favor of the 28th of October, and to thank you for your kindness. In your communication you seem to express some doubt concerning the meeting of the Medical Congress at Washington. I take great pleasure in assuring you of the probable, I might say almost certain, success of that event which must prove of so much importance to the medical world. I believe that our medical brethren in England are only beginning to understand medical matters in this country. To do justice to the whole subject, however, would occupy more of your valuable space than I have any right to attempt; but I will make a few statements which may be acceptable.

In the first place, I am not an American graduate, having spent almost all my student days in German and other European universities and medical schools. My post-graduate studies were also spent in Europe, and some in Great Britain. I am particular in stating this, because I do not wish to be misunderstood in speaking in the highest terms of praise for American medical schools of the first class, like those in Boston, New York, and Philadelphia, and in this connection I may be permitted to add Montreal. I have already, in the Lancet, July 17, 1875, defended our American medical schools when unjustly attacked, and more recently in the Philadelphia Medical Times, August 23, 1884, as follows:—

"Since 1870 the excellent medical schools of our own country have taken giant strides forward; and, although much of this improvement has been owing to the influence of the vast numbers of our profession who are familiar with foreign schools, and have brought back rich treasures to add to our own, still the *worth* is showing itself here, and Philadelphia is fast becoming the rival of Vienna. It is really very doubtful if, in honest practical work, the American student can gain very much by going abroad to-day, except to elevate his general intelligence by travel, to gratify his curiosity, or to compare the foreign system of treatment with his own. When we consider the eminent professors of Philadelphia, New York, Boston, and other cities, we may well feel a pride in our own institutions, and look forward to the time when foreigners shall seek our medical schools in large numbers for improvement, which I believe they could actually obtain at present in many departments. It may be well to quote here from one of our most distinguished professors, Dr. Roosa: 'Whatever may have been the additions that the medical profession of this country have made to the common stock of knowledge—and they have been neither few nor unimportant—they would have been largely increased by facilities at all equal with those enjoyed in Old World.'"

If these statements are true it will be seen that we have in this country a very respectable and well educated body of medical men. Surely we are able, even if all the names mentioned for the Executive Committee failed, to find scores of intelligent general practitioners to honorably represent the American medical profession at the next Congress at Washington. . . . . The little ring, headed by Dr. Hays, has dictated to many prominent men—acquiring its power by any means at hand. It seems an outrageous piece of impertinence to declare that unless a few men, now well known to be malcontents and schemers, abide by the Congress all must be lost. Some of our most prominent men, who are well known in England, have not yet been invited to become members of the committee, and countless numbers are willing to do all in their power for the success of this great gathering of medical men.

Does it not seem selfish and mean in those who have been rebuked for their grasping conduct

and unprincipled partiality to make all this disturbance? Would it not seem reasonable to expect of those who have the good of the American medical profession at stake to sacrifice themselves if need be instead of bringing this scandal on the whole body medical? The conduct of these fellows (they have forfeited the right in many instances to be called gentlemen) is positively disgraceful. The battle began by leading specialists desiring to add to their incomes by consulting with irregular practitioners, and this the American Medical Association refused to tolerate. Then the little "ring," seeking medical power, tried to gain control of the Congress and ignore all who did not favor their petty projects. Even departments of the Government service, including the Marine Hospital Service and prominent medical associations, and the American Public Health Association, one of our most useful and scientific organizations *were ignored*, purely through personal jealousies and the pompous hate of one or two army medical men. In spite of the well-planned plot to bind and gag the American medical profession the dishonorable ring has been broken and routed, and the success of the Congress assured. In their baffled hate these fellows fume and threaten the disruption of the International Medical Congress in Washington, but their wrath availeth not. From amongst our American medical editors, retired and active, a good committee could be formed. I should be glad to see as fellow-workers of Professors Flint and Davis, Professor Horatio R. Storer, formerly of Boston, ex-vice-president of the American Medical Association, ex-president of the Association of American Medical Editors, and well known in England as co-editor with Dr. Priestley, of London, of the obstetric works of Sir James Y. Simpson, and still in active professional work, and at present the esteemed president of the Newport Medical Society. Dr. Storer is one of the very few Americans by birth whose name will be found upon the British Medical Register. A knowledge of his contributions to professional literature is by no means confined to his own country. The following from the Philadelphia Medical Times, of October 31, 1885, expresses the opinions of a vast majority of the American medical profession. It was written by the accomplished editor of that valuable journal, than whom no more faithful representative of the skilled and honorable American medical practitioner could be found—Professor Frank Woodbury, of Philadelphia:—

"We believe (1) that a successful and thoroughly creditable meeting of the International Medical Congress will be held in Washington in 1887; (2) that in spite of malcontents and irreconcilables, existing difficulties will be successfully surmounted under the guidance of Drs. Flint and Davis and the Executive Committee; (3) that a way will be provided for those gentlemen who resigned under a misapprehension to return and accept the offices to which they were originally nominated; (4) that several aspiring Hamlets will be absent when the final cast is made for the play, and they will not be missed."

If what I have written may seem to you harsh, and perhaps needlessly severe on the Original Committee, I would justify myself only as a general practitioner exasperated at the insult inflicted on my professional brethren in attempting to gag and bind us as if we had no mind to see the fraud, or courage to resist the attack. It is often urged by our politicians that if one or the other party is not elected to power the whole country *must* go to the dogs. For a time there could be found weak men to believe this rubbish, and now every patriotic American knows better. Our Republic is stronger than that, its foundations cannot be shaken by the shouts of politicians—and so it is with the American medical profession. We are not dependent upon the editors of the Philadelphia Medical News, the New York Record or Journal and their friends for an existence—the American medical profession consists of thousands of faithful, well educated, general practitioners, scattered over our vast and successful Republic, and as long as such is the fact, our friends, either in Europe or America, need have no fear for the success of any undertaking inaugurated by them. The howl of the dissatisfied and grasping ringleaders will cease, and peace will conquer, and the genius of American Medicine will rise triumphant at last. We will welcome to our shores the honorable medical men of foreign lands—strangers in this land, but brethren in our noble and honorable calling. We will show you our works and our achievements; we will consult with you and exchange ideas in the divine gift of healing; we will open to you our sacred homes; we will welcome you at our firesides, and when you return, you will remember that the United States is not only a prosperous country, but a great country, and a liberty-loving country, and that tyrants here must always perish miserably in the end. Success to the International Congress!

W. THORNTON PARKER, M.D.

NEWPORT, R. I., November 13, 1885.

THE PHILADELPHIA COUNTY MEDICAL SOCIETY has elected the following officers for the present year: President, Dr. R. J. Levis; Vice-Presidents, Dr. W. R. Cruice and Dr. Charles Wittig; Recording Secretary, Dr. S. Solis-Cohen; Assistant Secretary, Dr. B. F. Nichols; Corresponding Secretary, Dr. M. S. French; Reporting Secretary, Dr. W. H. Morrison; Treasurer, Dr. L. K. Baldwin; Censor, Dr. F. P. Henry; Librarian, Dr. C. M. Seltzer.

DR. S. R. KNIGHT.—A complimentary dinner was given to Dr. S. R. Knight, the veteran and efficient physician in charge of the Episcopal Hospital, of Philadelphia, by his numerous friends and admirers on January 7th, at Wormley's, 931 Girard Avenue. The dinner was given to mark the close of the twentieth year of Dr. Knight's connection with the institution, and was a very enjoyable affair. Among the physicians present were: Drs. W. R. Cruice, the genial and eloquent chairman of the evening; Wm. T. Taylor, H. St. Clair Ash, James J. Levick, A. K. Minich, Jos. M. Barton, J. L. Ziegler, of Mount Joy, Pa., W. L. Ziegler, R. B. Cruice, Wm. S. Janney, Leonard S. Clark, E. Hill, E. I. Santee, Jos. D. Schoales, Jos. D. Nash, Isaac MacBride, J. H. W. Chestnut, N. Hickman, E. J. Nolan, F. B. Hazel, John A. Dougherty, R. Bruce Burns, I. P. Strittmatter, Wm. Moffet, G. B. Miller, Jno. Strobel, Jr., E. F. Apeldory, Wm. N. Ferguson, A. H. Hulshizer, John M. Bradford, O. Hopkinson, Jr., C. J. Irvin, W. H. Heck, Gerhard Loebing, A. Y. Gerhard, M. A. Wood, E. B. Wheeler, J. V. Shoemaker, Wilson Buckley, Joseph Martin, John M. Drippe, and W. H. Kirk.

THE TREATMENT OF DYSENTERY.—Pus carried from the bowel in this disease to the liver is calculated to cause abscess of that organ, hence it is well that we know how to cure the disease. Dr. Thomas Buckler tells us that the following method (Boston Med. and Surg. Jour., October 1) will accomplish the purpose: We must first give half an ounce of Rochelle, Epsom, or Glauber salts, and when this action is over, twenty drops of Sydenham laudanum, eight of black drop, or one grain of powdered opium. If the tormina and tenesmus continue, repeat the dose. When there is a bloody flux, five grains of powdered nux vomica will do the work. When there is paresis of the hepatic nerves, the stools mucous, with the color of hickory ashes, five grains of capsicum every three hours is called for. In false dysentery, where the stools are bloody but contain no mucus, patients recover rapidly under ten grains of bicarbonate of potassium every four hours, with lime or lemon juice. If the jaundice is deep, they may be given fifteen grains of benzoate of sodium with ten grains of extract of taraxacum at bedtime.—*Med. and Surg. Reporter.*

BOOK REVIEWS.

Practical Therapeutics. By EDWARD J. BERMINGHAM, A.M., M.D. New York: J. R. Bermingham, Publisher, 1285 and 1287 Broadway, 1885.

A compendium of selected formulæ and practical hints on treatment, embracing numerous prescriptions recommended by such authorities as Bartholow, Da Costa, Loomis, N. S. Davis, Goodell, Tilbury Fox, Duhring, H. C. Wood, Agnew, Allingham, Fothergill, J. Lewis Smith, and others. It is comprehensive in its scope, practical in character, and very attractive as to subject matter and typography. It contains in a concise form much very valuable matter that has never before been available, except in the columns of the various journals. It is interleaved for physicians' notes, thus offering an acceptable means for recording and preserving therapeutical notes that have proven valuable in practice. It is systematically arranged and copiously indexed.

Psychiatry: A Clinical Treatise on Diseases of the Fore-Brain, Based upon a Study of its Structure, Functions, and Nutrition. By THEODORE MEYNERT, M.D. Translated by B. SACHS, M.D. Part I. The Anatomy, Physiology, and Chemistry of the Brain. New York and London: G. P. Putnam's Sons.

This volume precedes that on diseases of the fore-brain, and is devoted to the topics above-named. The method adopted by Dr. Meynert for the study of these obscure diseases is certainly the correct one, and, were it carried out more frequently in other fields of medicine, our science would be more deserving of the name. The first part of the book is engaged with a study of the structure and architecture of the brain and tubes upon both the gross and minute anatomy. It is nicely illustrated. As to completeness of detail, we would ask for nothing better. The second section is taken up with the consideration of anatomical corollaries and physiology of cerebral architecture. To analyze this chapter would be a task far exceeding the limits of this review. In it are discussed many exceedingly difficult, we might add, impossible processes to understand. Cortical localization, relation of cortex to the outer world; motor areas, seat of intelligence, memory, instinct, the methods of thought, inhibition, etc., all claim attention. The Doctor speaks of "psychical blindness" and "psychical deafness," and cites interesting experiments in support of his opinions. In speaking of intelligence, he quotes Munk as observing, "Intelligence is located everywhere in the cerebral cortex, and nowhere in particular." Further on, the author says, "I wish to add that it is the boldest hypothesis, shared alike by the ordinary mind and by scientific realism, to assume that the world is such as it appears to the brain to be; that the latter can be likened to a mirror which simply reflects the forms of the outer world; that the world as it appears to the brain exists independently of the presence or absence of mind." In speaking of memory, he says, that "no author of the present day would be likely to insist on one special seat of memory, for memory is the

common property of all cortical cells and fibres, which are able to receive and conduct external stimuli of all sorts." The inheritance of physiognomical expression he does not consider proved. At all events, he thinks Darwin could have made his views plausible only by showing that conscious movements originated in reflex actions. In the chapter following, the nutrition of the brain is considered. The circulation of the blood is minutely detailed, and the chemistry discussed. The Doctor enters upon the domain of weights of the divisions of the brain, and supplies new material as the results of his own labors in that direction. When speaking of the wealth of cerebral convolutions, he asserts that facts of comparative anatomy are not in accord with the view that the wealth bespeaks nutritive development, as the development of cerebral convolutions is governed by the laws of mechanics. But a little further on, he adds, "And yet we must not fail to mention that within one and the same species a certain relation does exist between the number of convolutions and the grade of intelligence." An appendice on the mechanism of expression concludes the book.

An Atlas of Clinical Microscopy. By ALEXANDER PEYER, M.D. Translated and edited by ALFRED C. GIRARD, M.D., Assistant Surgeon United States Army. First American, from the manuscript of the second German edition, with additions. New York: D. Appleton & Co.

This excellent work has its great value in the fact that it is truly an atlas. It is a picture book, containing print enough merely to explain the illustrations. The illustrations, however, are of such a quality as to require little explanation to an eye at all familiar with the subjects to which they allude. The first chapter is devoted to the examination of the blood, and consists of three plates, each plate containing four well drawn pictures of blood in health and in disease. The only one we would criticise is that of the anthrax bacilli, which, we think, might have been truer to nature. Chapter II. discusses the mammary secretion, and has but one illustrative plate. The third chapter, which is by far the largest in the work, is devoted to the urine. It embraces sixty-three handsome plates, and, with the exception of one or two pictures (notably plate five), is the best thing of the kind we have ever examined. This chapter discusses accidental foreign bodies, mucus, urates, uric acid, oxalate of calcium, hippuric acid, sulphate of calcium, neutral calcium phosphate, earthy and triple phosphates, ammonia urate, calcium carbonate, pigments of urine, leucine and tyrosine, cystine, blood and pus corpuscles. Renal crusts follow in six plates; and epithelium and bacteria end the first section of chapter III. In the second section the various deposits are grouped together as found in the different renal diseases. Section 3 is devoted to diseases of the bladder, and section 4 to chronic urethritis. Spermatorrhœa has ample space in the last section of this chapter. The microscopy of the expectoration next engages the attention. Chapter IV., with fourteen plates, is given to this important subject. The stool has not been overlooked in this book, chapter V. being devoted to its consideration. The author urges the importance of this field of microscopy, believing that much valuable information could be gained were it more generally attended to. The contents of the stomach are next considered in two plates, that of an ovarian cyst in one picture, the secretion of the female sexual organs in one plate; and, ending the book, a picture of some micro-organisms found in disease is presented.

We would add, in terminating our notice of so valuable and unique a work, that it seems beautifully adapted to the wants of the general practitioner as well as the student of pathology.

Manual of Microscopical Technology. By CARL FRIEDLANDER, M.D. Translated with the express permission of the author from the second enlarged and corrected edition, by STEPHEN YATES HOWELL, M.A., M.D., Buffalo, N. Y. New York: G. P. Putnam's Sons.

That which would strike one forcibly while reading this little book, is the amount of space devoted to the consideration of micro-organisms. Their staining characteristics engage the attention throughout the work. Staining materials and staining processes, both of bacteria and of tissues, are nicely described. The examination of the fluids of the body, including urine and blood, is considered. However, the space devoted to the urinary secretion seems rather diminutive when compared with that of some other subjects, considering their relative values. Careful consideration is given to the septum. We are glad to see that the Doctor lays so much stress upon the microscopical examination of the blood. In speaking of diminution of red blood corpuscles in anæmia, he states that a little practice enables one to recognize the more marked alterations of this sort directly, and without the aid of a special apparatus—thus bringing the examination of blood down to a practicable thing. Ehrlich's researches on the properties of protoplasmic granules in white blood corpuscles are referred to. Secretions of the genital apparatus find consideration in the book. Examination of the solid structures of the cadaver, extirpated tumors, etc., forms the topic of the last chapter. This little work contains many valuable suggestions and directions for work, and is thoroughly up to the times.

COMMERCIAL NEWS.

A Pure Coca Wine.

The most gratifying results have been obtained from the continued use of Llewellyn's Tonic Coca Wine in several cases that have come under our notice. This is evidently owing to the fact that it contains no sugar, therefore placing in the hands of physicians a remedy that will serve them well in cases of diabetes, rheumatism, gout, etc

The powerful stimulant and tonic properties of Llewellyn's Coca Wine come entirely from the excellent quality of Coca used, and superior method of preparation, and not from excess of alcohol. It therefore produces no reactionary effects, and may be taken for any length of time without other than good results following its use. It contains no foreign substances, but represents alone the nourishing, strengthening, and sustaining powers of erythroxylon coca in a palatable though concentrated form, each tablespoonful containing the medicinal properties of fifteen grains of fresh selected leaves. See advertisement on page 12.

Pedantic.

The following is a *verbatim* copy of a prescription sent to a drug store in this State by a *quack* doctor—

R. Buissmous
Cliseren
Rose Watter
Mix—q. t. of every sings.

Dr. Rose's Peptonized Beef.

65 Twenty-Second St.,
Chicago, Dec. 26, 1885.

Chapman, Green & Co.,
Manufacturing Chemists, Chicago.

Gentlemen: I promised you when you sent in the sample of Dr. Rose's Peptonized Beef, to give it a thorough trial in my practice. I confess that I commenced with a prejudice against these preparations, never having seen the good effects promised for them. I commenced by using it myself, in warm milk, and found it delightfully agreeable and soothing, not only to the stomach, but the nervous system.

I have prescribed it largely, and without exception, my patients are pleased with its effects. It is especially valuable in atonic dyspepsia, catarrh of the stomach and bowels, acid indigestion, low fevers, diphtheria, and particularly in neurasthenia in all its forms.

It is a real peptonized food, and I cannot imagine a case where it will not agree with the stomach.

As a food for infants, when all starchy foods are not well borne, this will act as a powerful nutritive agent, and a sedative to the whole system.

As a dietetic agent, it is the greatest boon lately presented to the medical profession.

Very sincerely,
E. M. Hale, M.D.

Note.—A one-half pound sample of Dr. Preston B. Rose's Peptonized Beef sent free to any physician who is willing to pay express charges. Address the sole agents,

Chapman, Green & Co.,
Chicago, Ills.

Little drops of water,
Little grains of milk,
Make the little doctors
Of Homœopathic ilk.

Epilepsy.

I have used Peacock's Bromides in my practice with success. A little girl of twelve years had been afflicted with epilepsy since she was three months old, having epileptic convulsions nearly every day until I put her on Peacock's Bromides, since then she has not even had a symptom of one. It is surely a great remedy.

Jefferson Wilcox, M.D.,
Hazlehurst, Ga.

A Curious Epitaph.

The Boston Med. and Surg. Journal says that the following was found on a gravestone in a country churchyard in England, on Mrs. Arabella Greenwood, who died in childbed, written by Rev. Mr. Greenwood, D.D.—

O deathe! O deathe! thou hast cutte down
The fairest Greenwood in all this towne;
Her virtues and good qualities were suche
That she might have married a lorde or a judge;
But such was her condescensione, and such her humilitie
She chose to take me, a Doctor of Divinitie,
For which heroicke act, she stands confeste
Above all others the Phœnix of her sexe,
And like that birde one younge she did begette,
That she might not leave her sexe disconsolate.
My griefe for her is so verie sore
I can onlie write two lines more:
For this, and everie good woman her sake,
Never let a blisterre be putte on a lyinge-in-woman's backe.

Malarial Poisoning.

I have much pleasure in bearing testimony to the remedial effects of Peacock's Fucus Marina. I am better pleased with its action than anything I have ever used as an antidote to malarial poisoning.

J. T. Herndon, M.D.,
Keysburg, Ky.